

Date of Crash **01/29/2025** Time of Crash **2012** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

SOUTHBRIDGE ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
OXFORD STREET NO
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
Feet N S E W of _____ or _____
Mile Marker _____ Exit Number _____
Feet N S E W of _____
Route# _____ Intersecting Roadway/Street _____
Feet N S E W of _____
Landmark _____

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped **Crash Report ID# 25-45-AC**

License # **S19055034** St **MA** DOB/Age **07/31/1967** Reg # **PM3269** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2018** Veh Make **JEEP** Veh Config. **1 21**
Operator **HOLLAND, JAMES WELDON** Owner **HOLLAND, WENDIE SUE**
Address **389 ANNABLE POINT RD** Address **389 ANNABLE POINT RD**
City **CENTERVILLE** State **MA** Zip **02632-2401** City **CENTERVILLE** State **MA** Zip **02632-2401**
Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **1 27 27 27**
Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **0 29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4 25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **1 33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	X	1	1	1	0	0	10	1
WENDIE HOLLAND	389 ANNABLE POINT RD CENTERVILLE, MA 02632	03/16/1967	F	3	1	1	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

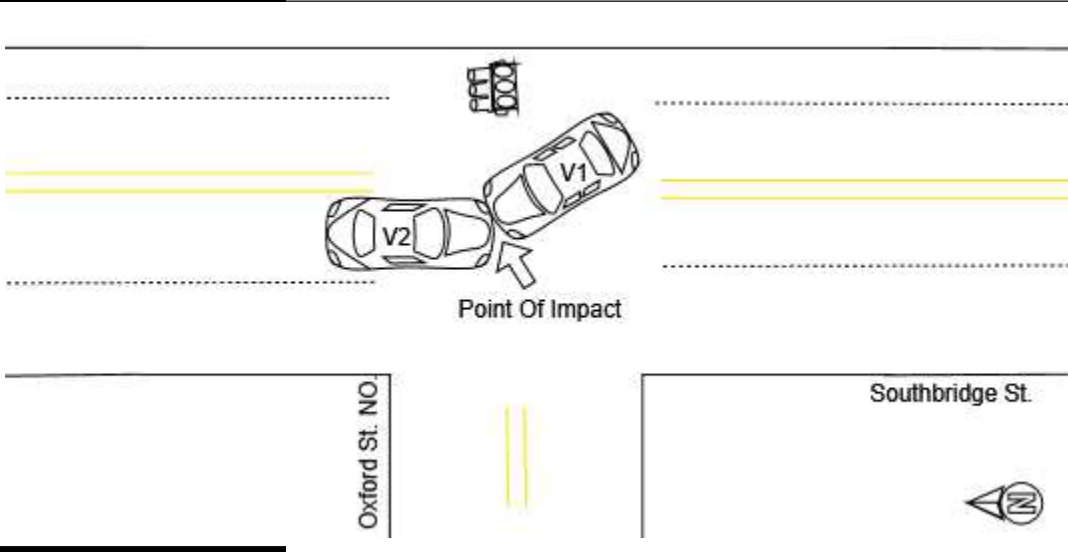
License # **S84106597** St **MA** DOB/Age **04/10/1998** Reg # **696GX1** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2011** Veh Make **MITSUBISHI** Veh Config. **1 21**
Operator **HILTON, KURTIS AVERY** Owner **HILTON, DEBRA JEAN**
Address **3 NELLIGAN DR** Address **3 NELLIGAN DR**
City **CHICOPEE** State **MA** Zip **01020-2864** City **CHICOPEE** State **MA** Zip **01020-2864**
Insurance Company **PROGRESSIVE INSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 8 27 27**
Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) **162392AD** Most Harmful Event **1 24** Type of Test: **0 29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **1 33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants		See Above	X	X	1	1	1	0	0	10	1

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ☺ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ☺



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Intersection Arrow



Crash Narrative:

V1 was attempting to turn left onto Oxford St. No. from Southbridge St. V1 stated they had a flashing yellow turn arrow on the traffic light. V2 was travelling southbound on Southbridge St. and had a green light at the time. V1 stated they did not see V2, and proceeded to make the left turn. V1 crashed into the front left side of V2. There were no apparent injuries at the time, and both vehicles were towed from the scene by Dizenzo's.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrolman Jason P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/29/2025

Date