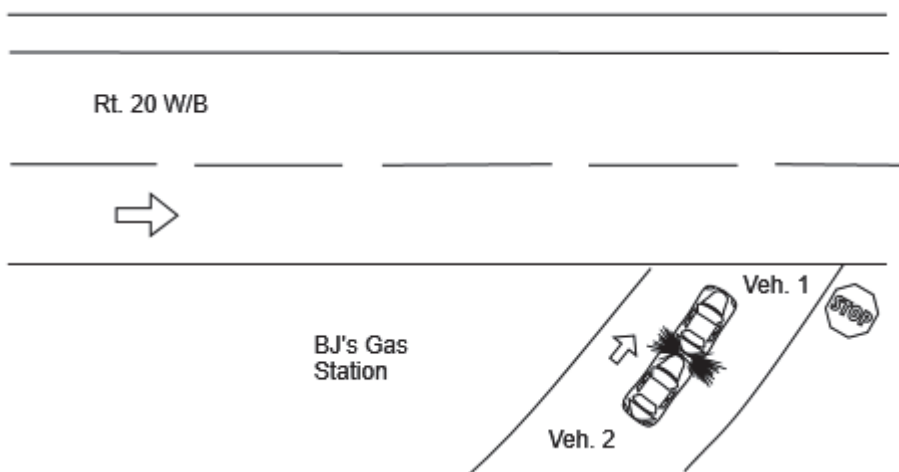


Police Use Only			Commonwealth of Massachusetts										RMV Document Number								
Date of Crash 03/03/2025		Time of Crash 1519 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 1		Speed Limit 5		Latitude		Longitude		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:													
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street															
At						Feet N S E W of . or Exit Number															
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street															
Also at Intersection with						Landmark															
Route# Direction Name of Intersecting Roadway/Street																					
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-91-AC													
License # S66748075 St MA DOB/Age 03/24/1989						Reg # 54AN31 Reg Type PC Reg State MA															
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2012 Veh Make SUBARU Veh Config. 1 21															
Operator OUIMETTE, JESSICA MARIE						Owner OUIMETTE, JESSICA MARIE															
Address 360 GREENWOOD ST						Address 360 GREENWOOD ST															
City MILLBURY State MA Zip 01527-1521						City MILLBURY State MA Zip 01527-1521															
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27															
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 28															
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 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															
Please fill out for operator and all occupants involved						Towed from scene? 2 33															
Name (Last First Middle) Address 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						1 1 4 0 0 10 1															
						M 4 1 4 0 0 9 1															
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.													
License # S27212315 St MA DOB/Age 04/28/1998						Reg # QMPW30 Reg Type PC Reg State FL															
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2020 Veh Make CHEVROLET Veh Config. 1 21															
Operator BEAUDRY, SETH ANDREW						Owner HERTZ VEHICLES LLC															
Address 77 CHASE AVE APT H						Address 5400 BUTLER NATIONAL DR															
City WEBSTER State MA Zip 01570						City ORLANDO State FL Zip 32812															
Insurance Company GEICO						Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 27 27 27															
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 28															
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29															
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25 BAC Test Result: 30															
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32															
Please fill out for operator and all occupants involved						Towed from scene? 2 33															
Name (Last First Middle) Address 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						1 1 4 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

↓ Arrow

Crash Narrative:

Vehicle one and vehicle two were in the driveway exiting BJ's Gas Station (782 Washington St.). Both vehicles were to enter Rt. 20 (public way) west bound. While waiting to exit, vehicle two rear ended vehicle one. Both vehicles had very minor damage.

Both vehicles were able to drive away on their own. A passenger who is a minor in vehicle one was complaining of back pain. I asked the operator if she wanted an ambulance to evaluate her child. She declined stating she would take him to a medical facility.

All events recorded on department issued body camera.

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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

03/03/2025

Date