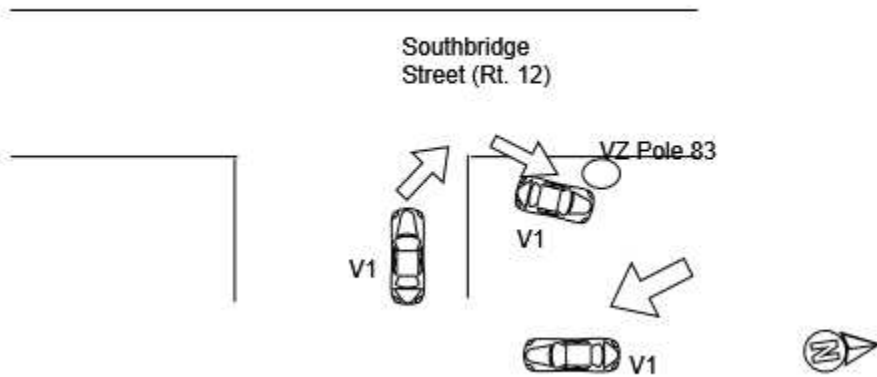


Police Use Only		Commonwealth of Massachusetts						RMV Document Number					
Date of Crash 02/03/2025	Time of Crash 1109 24HR	City/Town Auburn		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 40	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:							
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>							
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-49-AC					
License # S43997780 St MA DOB/Age 09/20/1967						Reg # 2JVZ64 Reg Type PAN Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2016 Veh Make JEEP Veh Config. 1 21							
Operator MALLOY, JOSEPH F Last First Middle						Owner MALLOY, JOSEPH F Last First Middle							
Address 489 HAMILTON ST APT 2						Address 489 HAMILTON ST APT 2							
City SOUTHBRIDGE State MA Zip 01550-1860						City SOUTHBRIDGE State MA Zip 01550-1860							
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 3 22 Damaged Area Code: 2 27 6 27 27							
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 22 23 23 23 23 Test Status: 1 28							
Citation # (If Issued)						Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Most Harmful Event 22 24 BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 11 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Driver Distracted by 0 26 26						Towed from scene? 2 33							
Please fill out for operator and all occupants involved													
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		X	X	1	1	4	0	0	10	1	
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.					
License # St DOB/Age						Reg # Reg Type Reg State							
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21							
Operator Last First Middle						Owner Last First Middle							
Address						Address							
City State Zip						City State Zip							
Insurance Company						Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27							
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23 Test Status: 28							
Citation # (If Issued)						Type of Test: 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Most Harmful Event 24 BAC Test Result: 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32							
Driver Distracted by 26 26						Towed from scene? 33							
Please fill out for operator and all occupants involved													
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		X	X	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

Legend: Arrow



Crash Narrative:

V1 exiting 711 Southbridge Street, turning right to travel north on Southbridge Street. V1 then left the roadway to the right, traveling on grass shoulder between telephone pole #83 and a fire hydrant. V1 struck a support guide wire for pole #83. Front passenger's side wheel and rear tail light sustained minor damage, other cosmetic damage from broken wire. V1 came to a rest in the grass edge of the parking lot of 711 Southbridge Street at the north east edge of the lot. No injuries. Operator of V1 stated that upon entering Southbridge Street he swerved to avoid another vehicle, exited the roadway. Op/owner of V1 arranged for tow of the vehicle by AAA.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NATIONAL GRID	PO BOX 371396 PITTSBURGH PA 15250		4	SUPPORT WIRE OF UTILITY POLE #83

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

Detective Sergeant Daniel A Lamoreaux

Police Officer Name (Please Print)

Signature

64DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/03/2025

Date