

Police Use Only			Commonwealth of Massachusetts										RMV Document Number																																														
Date of Crash 02/26/2025		Time of Crash 1415 24HR		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:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																											
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																																																			
<div>1</div> <div>1</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>2</div> <div>10</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>510 WASHINGTON ST</div> <div>Feet N S E W of or</div> <div>Mile Marker Exit Number</div> <div>4</div> <div>11</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>																																																					
						<div>2</div> <div>1</div> <div>Please Select One of the Following:</div> <div><input checked="" type="checkbox"/> Vehicle 13 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div>Crash Report ID# 25-83-AC</div>																																																					
						<div>3</div> <div>License # SA9040101 St MA DOB/Age 04/16/1994</div> <div>Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement</div> <div>Operator DOHERTY, CAITLIN MARIE</div> <div>Address 217 STURBRIDGE RD APT B6</div> <div>City CHARLTON State MA Zip 01507-5310</div> <div>Insurance Company PROGRESSIVE DIRECT INSURA</div> <div>Vehicle Travel Direction: N S E X Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>1</div> <div>12</div> <div>Reg # 3WJM21 Reg Type PAN Reg State MA</div> <div>Veh Year 2021 Veh Make KIA Veh Config. 1 21</div> <div>Owner DOHERTY, CAITLIN MARIE</div> <div>Address 217 STURBRIDGE RD APT B6</div> <div>City CHARLTON State MA Zip 01507-5310</div> <div>Vehicle Action Prior to Crash 5 22</div> <div>Event Sequence 1 23 23 23 23</div> <div>Most Harmful Event 1 24</div> <div>Driver Contributing Code 99 25 25</div> <div>Driver Distracted by 99 26 26</div> <div>Damaged Area Code: 4 27 27 27</div> <div>Test Status: 1 28</div> <div>Type of Test: 0 29</div> <div>BAC Test Result: 1 30</div> <div>Susp. Alcohol: 2 31 Susp. Drug: 2 32</div> <div>Towed from scene? 2 33</div>																																															
						<div>4</div> <div>3</div> <div>Please fill out for operator and all occupants involved</div> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>DOB/Age</th><th>Sex</th><th>34 Seat Pos.</th><th>35 Safety System</th><th>36 Airbag Status</th><th>37 Eject Code</th><th>38 Trap Code</th><th>39 Injury Status</th><th>40 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td></td><td></td><td>1</td><td>1</td><td>4</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td></td><td></td><td></td><td>F</td><td>4</td><td>4</td><td>4</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td></td><td></td><td></td><td>F</td><td>6</td><td>4</td><td>4</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr></tbody></table>						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					F	4	4	4	0	0	10	1					F	6	4	4	0	0	10	1	
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																																																	
			F	4	4	4	0	0	10	1																																																	
			F	6	4	4	0	0	10	1																																																	
<div>5</div> <div>1</div> <div>Please Select One of the Following:</div> <div><input checked="" type="checkbox"/> Vehicle 21 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div><input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.</div>																																																											
<div>6</div> <div>1</div> <div>License # S68899064 St MA DOB/Age 05/21/1985</div> <div>Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement</div> <div>Operator DION, DAWN MICHELLE</div> <div>Address 138 KENBERMA RD APT 1R</div> <div>City WORCESTER State MA Zip 01604-3900</div> <div>Insurance Company PLYMOUTH ROCK ASSURANCE C</div> <div>Vehicle Travel Direction: N S E X Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>1</div> <div>13</div> <div>Reg # 4EN739 Reg Type PAN Reg State MA</div> <div>Veh Year 2014 Veh Make HONDA Veh Config. 1 21</div> <div>Owner DION, DAWN MICHELLE</div> <div>Address 138 KENBERMA RD APT 1R</div> <div>City WORCESTER State MA Zip 01604-3900</div> <div>Vehicle Action Prior to Crash 1 22</div> <div>Event Sequence 1 23 23 23 23</div> <div>Most Harmful Event 1 24</div> <div>Driver Contributing Code 99 25 25</div> <div>Driver Distracted by 99 26 26</div> <div>Damaged Area Code: 7 27 27 27</div> <div>Test Status: 1 28</div> <div>Type of Test: 0 29</div> <div>BAC Test Result: 1 30</div> <div>Susp. Alcohol: 2 31 Susp. Drug: 2 32</div> <div>Towed from scene? 2 33</div>																																																					
<div>7</div> <div>2</div> <div>Please fill out for operator and all occupants involved</div> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>DOB/Age</th><th>Sex</th><th>34 Seat Pos.</th><th>35 Safety System</th><th>36 Airbag Status</th><th>37 Eject Code</th><th>38 Trap Code</th><th>39 Injury Status</th><th>40 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator/Occupants</td><td>See Above</td><td></td><td></td><td>1</td><td>1</td><td>4</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						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																															
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 → ○ → ○

APPLE
TRUCKING

SOUTH ST

If Crash Did Not Occur
on a Public Way:

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

WASHINGTON ST

NAPA AUTO
PARTS

Intersection Arrow



Crash Narrative:

Vehicle 1 was traveling westbound on Washington St. and attempted to pass Vehicle 2 in the turn only lane. Vehicle 2 was traveling westbound on Washington St. and maintained their lane. Vehicle 1 struck the side of vehicle 2 while attempting to pass. Both vehicles then pulled over in the vicinity of Apple Trucking. All vehicles damage was minor in nature. None of the occupants in either vehicle were injured and all parties declined any medical attention. Both vehicles left under their own power.

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 Dominick Boschetto

Police Officer Name (Please Print)

Signature

91DB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/26/2025

Date