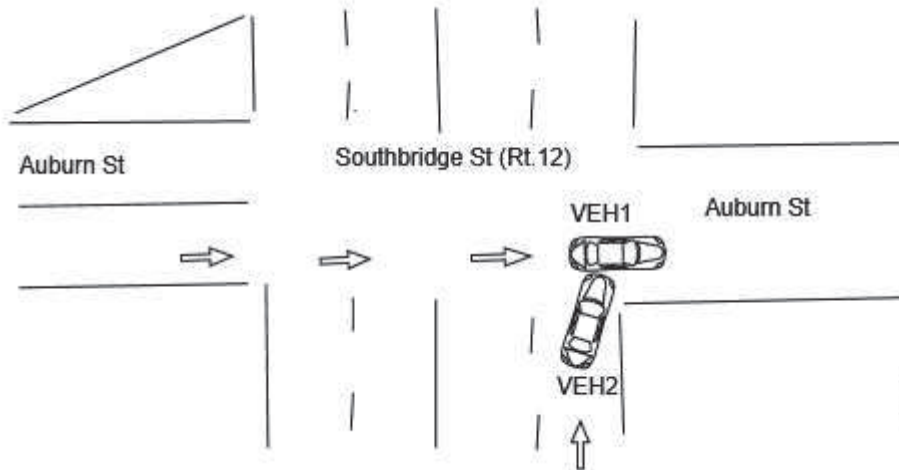


Police Use Only			Commonwealth of Massachusetts										RMV Document Number														
Date of Crash 04/23/2025		Time of Crash 2158 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:													
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																			
AUBURN ST														2 10													
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																					
At																											
SOUTHBRIDGE ST														3 11													
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Mile Marker Exit Number																					
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street																					
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of																					
						Landmark																					
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# 25-146-AC																			
License # SA8860826 St MA DOB/Age 11/08/2005						Reg # 4JHA82 Reg Type PC Reg State MA						1 12															
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2007 Veh Make HONDA Veh Config. 1 21						1															
Operator KARIKO, HADLEY GRACE						Owner KARIKO, HADLEY GRACE																					
Address 8 MARJORIE LN						Address 8 MARJORIE LN																					
City RUTLAND State MA Zip 01543-1464						City RUTLAND State MA Zip 01543-1464																					
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 3 27 27 27															
Vehicle Travel Direction: N S X 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: 31 Susp. Drug: 32															
						Towed from scene? 2 33						1 13															
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 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 # S55125235 St MA DOB/Age 07/17/1976						Reg # MPF591 Reg Type DC Reg State MA						1 14															
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2023 Veh Make CHEVROLET Veh Config. 1 21																					
Operator COURCHAINED, DEREK P						Owner AUBURN TOWN OF PD																					
Address 416 OXFORD STREET NO						Address 416 OXFORD STREET NO																					
City AUBURN State MA Zip 01501						City AUBURN State MA Zip 01501-1930																					
Insurance Company NATIONAL UNION FIRE INSUR						Vehicle Action Prior to Crash 3 22						Damaged Area Code: 8 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 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: 31 Susp. Drug: 32															
						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/Occupants				See Above				X		X		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:

Oper1 stated she was travelling East on Auburn St thru the intersection of Southbridge St with the aid of a green traffic signal. As she crossed thru the intersection continuing on Auburn St she was crashed into by veh2.

Oper2 stated he was travelling South on Southbridge St (Rt.12) and came to a stop at a red traffic signal at the intersection of Rt. 12 and Auburn St. Oper2 stated he then attempted a "right on red", turning right onto Auburn St. Oper2 stated he never saw veh1, crashing into it as he attempted the right turn.

### 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

Sergeant Brian C Kennedy

Police Officer Name (Please Print)

Signature

30BK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/23/2025

Date