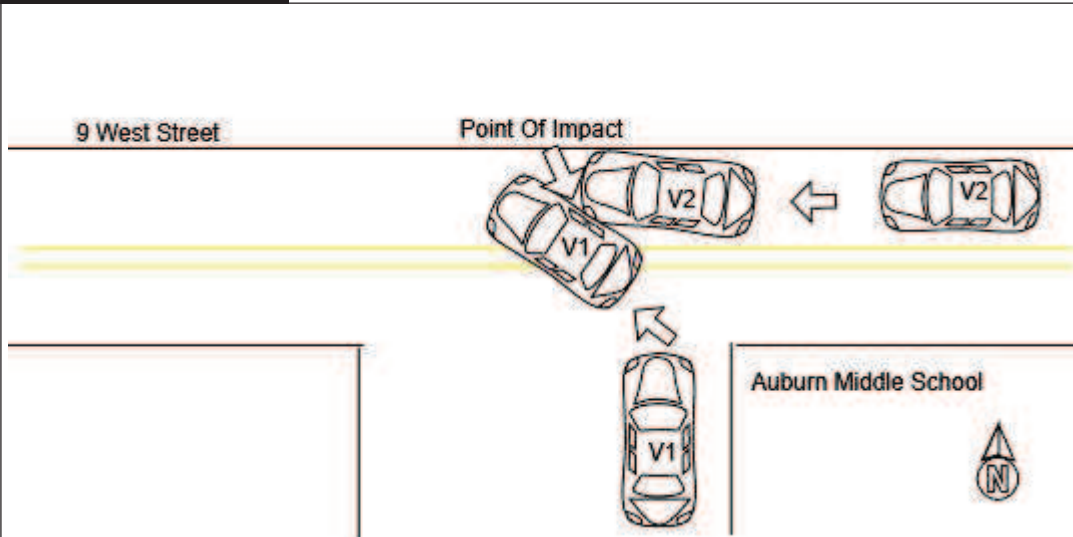


| | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|----------------------------------|--|--|--|--|--|----------------------|--|---------------------|--|-------------------|--|----------|--|-----------|--|--|--|
| Police Use Only | | Commonwealth of Massachusetts | | | | | | | | | | RMV Document Number | | | | | | | | | |
| Date of Crash 11/01/2024 | | Time of Crash 0733 24HR | | City/Town Auburn | | Motor Vehicle Crash Police Report | | | | Number Vehicles 2 | | Number Injured 0 | | Speed Limit 30 | | Latitude | | Longitude | | State Police Local Police MBTA Police Campus Police Other: | |
| AT INTERSECTION: | | | | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | | | | | | | | |
| Route# Direction Name of Roadway/Street At 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 9 WEST ST Feet N S E X of . or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | |
| 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# 24-389-AC | | | | | | | | | | | | | |
| License # S55036822 St MA DOB/Age 01/10/1992 | | | | | | Reg # 85YN47 Reg Type PC Reg State MA | | | | | | | | | | | | | | | |
| Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement | | | | | | Veh Year 2015 Veh Make NISSAN Veh Config. 1 21 | | | | | | | | | | | | | | | |
| Operator CUTTING, ASHLEY MARIE Last First Middle | | | | | | Owner CUTTING, CHRISTOPHER D Last First Middle | | | | | | | | | | | | | | | |
| Address 151 LEICESTER ST APT 1D | | | | | | Address 151 LEICESTER ST | | | | | | | | | | | | | | | |
| City AUBURN State MA Zip 01501-1433 | | | | | | City AUBURN State MA Zip 01501 | | | | | | | | | | | | | | | |
| Insurance Company PROGRESSIVE DIRECT INSURA | | | | | | Vehicle Action Prior to Crash 6 22 Damaged Area Code: 3 27 27 27 | | | | | | | | | | | | | | | |
| Vehicle Travel Direction: N S E X 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 19 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 | | | | | | X X 1 1 4 0 0 10 1 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | |
| 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 # 000020992660 St NC DOB/Age 09/09/1952 | | | | | | Reg # FML6148 Reg Type PC Reg State NC | | | | | | | | | | | | | | | |
| Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement | | | | | | Veh Year 2019 Veh Make TOYOTA Veh Config. 1 21 | | | | | | | | | | | | | | | |
| Operator QUINN, HUGH JOSEPH Last First Middle | | | | | | Owner QUINN, HUGH JOSEPH Last First Middle | | | | | | | | | | | | | | | |
| Address 850 CRAFTON CREEK DR | | | | | | Address 850 CRAFTON CREEK DR | | | | | | | | | | | | | | | |
| City LEWISVILLE State NC Zip 27023 | | | | | | City LEWISVILLE State NC Zip 27023 | | | | | | | | | | | | | | | |
| Insurance Company NATIONWIDE MUTUAL INSURAN | | | | | | Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 2 27 1 27 | | | | | | | | | | | | | | | |
| Vehicle Travel Direction: N S E X 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 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/Occupants See Above | | | | | | X X 1 1 4 0 0 10 1 | | | | | | | | | | | | | | | |
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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

North Arrow



Crash Narrative:

V1 was exiting the Auburn Middle School, attempting to enter West St. V2 was travelling westbound on West St. V1 entered the traffic lane in an attempt to make a left turn and crashed into V2. There were no reported injuries, both vehicles were able to safely drive away from scene.

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

11/01/2024

Date