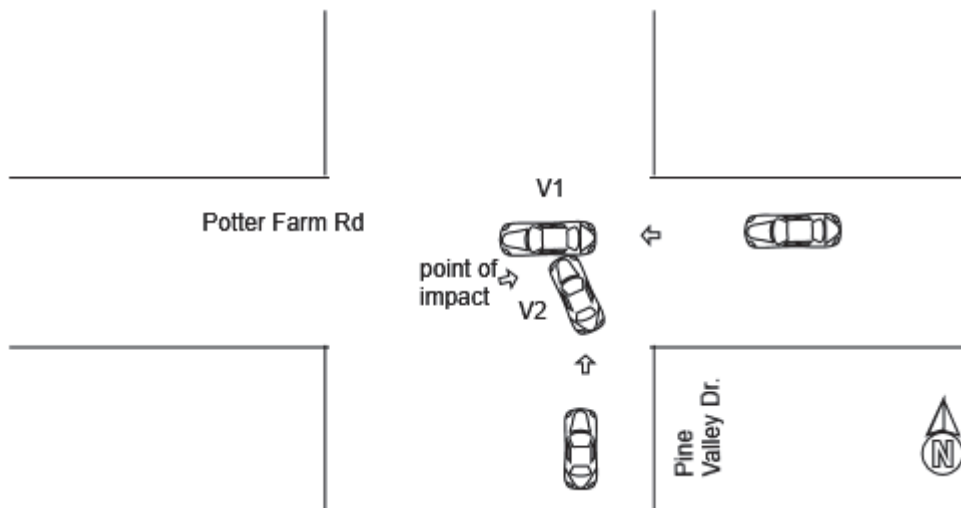


| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|-------------------------------|----------------------------------|--|---|--|--|--|-------------------------|------------------------|----------------|---------------------|--|--|---|--|------------------|--|------------------|--|---------------|--|--------------|--|------------------|--|-----------------|--|------------------|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | | | | | | | RMV Document Number | | | | | | | | | | | | | | | | | | |
| Date of Crash 05/28/2025 | | Time of Crash 1303 24HR | | City/Town Auburn | | Motor Vehicle Crash Police Report | | | | Number Vehicles 2 | Number Injured 0 | Speed Limit 25 | | 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: | | | | | | | | | | | | | | | | | | | | | | | |
| POTTER FARM RD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route# Direction Name of Roadway/Street | | | | | | Route# Direction Address # Name of Roadway/Street | | | | | | | | | | | | | | | | | | | | | | | | | |
| At | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PINE VALLEY DR | | | | | | Feet N S E W of . or Exit Number | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | | | Mile Marker | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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# 25-182-AC | | | | | | | | | | | | | | | | | | | | | | | |
| License # S51420704 St MA DOB/Age 11/19/1945 | | | | | | Reg # 431DN8 Reg Type PAN Reg State MA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement | | | | | | Veh Year 2021 Veh Make BUICKS Veh Config. 1 21 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operator HUTCHINS, LORRAINE MARY | | | | | | Owner HUTCHINS, LORRAINE MARY | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address 6 FOX RUN CIR | | | | | | Address 6 FOX RUN CIR | | | | | | | | | | | | | | | | | | | | | | | | | |
| City AUBURN State MA Zip 01501-5702 | | | | | | City AUBURN State MA Zip 01501-5702 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance Company ARBELLA MUTUAL INSURANCE | | | | | | Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 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 | | | | | | BAC Test Result: 1 30 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Driver Contributing Code 1 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 | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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 # 29731038 St PA DOB/Age 06/10/1992 | | | | | | Reg # W56260 Reg Type CON Reg State MA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sex M Lic. Class 99 19 19 Lic. Restrictions 1 20 CDL Endorsement | | | | | | Veh Year 2021 Veh Make NISSAN Veh Config. 1 21 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operator KAUFFMAN, JUSTIN STERLIN | | | | | | Owner ENTERPRISE FM TRUST | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address 22 CHURCH ST APT 3 | | | | | | Address 600 CORPORATE PARK DR | | | | | | | | | | | | | | | | | | | | | | | | | |
| City LANCASTER State PA Zip 17602 | | | | | | City SAINT LOUIS State MO Zip 63105-4204 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance Company ARCH INSURANCE COMPANY | | | | | | Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle Travel Direction: X S E W 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 | | | | | | BAC Test Result: 1 30 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Driver Contributing Code 4 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver Distracted by 0 26 26 | | | | | | Towed from scene? 1 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 | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

→ = 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 1 was traveling westbound on Potter Farm Rd. (public way). Vehicle 2 was entering Potter Farm Rd. from Pine Valley Dr. when it struck Vehicle 1. Please note that there are no stop signs at either road. No injuries to report. Vehicle 2 was towed by Dorenzo Towing.

Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|--------------------------|---------------------------------------|---------|-----------|
| BREWER JEANNE T | 14 DEERFIELD CIR AUBURN MA 01501-2778 | | |
| | | | |

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 Derek P Courchaine

Police Officer Name (Please Print)

Signature

75DC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/28/2025

Date