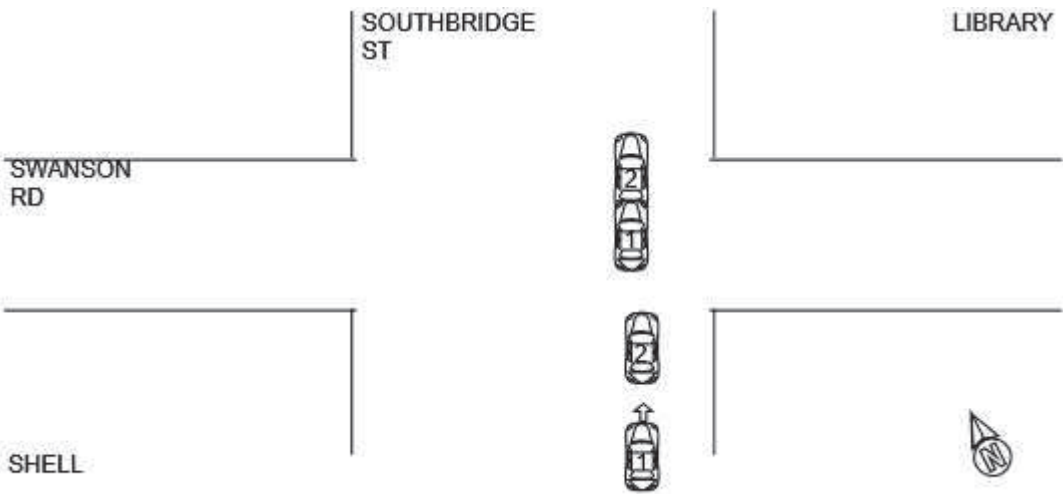


Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 11/24/2024		Time of Crash 1224 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																							
SWANSON RD																2	10														
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																									
At																															
SOUTHBRIDGE ST																	11														
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of . or 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# 24-417-AC																							
License # S12063501 St MA DOB/Age 12/10/1992						Reg # 235WM5 Reg Type PAN Reg State MA										1	12														
Sex M Lic. Class D 19 19		Lic. Restrictions 1 20		CDL Endorsement		Veh Year 2005 Veh Make HONDA Veh Config. 1 21																									
Operator CHAPA, ROBERT A						Owner WILBER, LAUREL ELLEN																									
Last First Middle		Last First Middle		Middle		Address 1596 SOUTH ST																									
City WARE State MA Zip 01082-9809						City BARRE State MA Zip 01005-8815																									
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 1 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						Driver Contributing Code 20 25 25						BAC Test Result: 1 30																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32				1	13														
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						See Above						X		X		1		1		1		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 # S14647533 St MA DOB/Age 06/07/2002						Reg # 3HPT13 Reg Type PAN Reg State MA										1	14														
Sex M Lic. Class D 19 19		Lic. Restrictions 1 20		CDL Endorsement		Veh Year 2015 Veh Make HONDA Veh Config. 2 21																									
Operator MORIN, LUKE CAMPBELL						Owner MORIN, LUKE CAMPBELL																									
Last First Middle		Last First Middle		Middle		Address 335 PAKACHOAG ST																									
City AUBURN State MA Zip 01501-2422						City AUBURN State MA Zip 01501-2422																									
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 2 22						Damaged Area Code: 5 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						Driver Contributing Code 1 25 25						BAC Test Result: 1 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				1	14														
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			

→ = 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

North Arrow



Crash Narrative:

Vehicle 2 was traveling northbound on Southbridge St. and then stopped at a red light at the intersection of Southbridge St. at Swanson Rd. Vehicle 1 was traveling northbound on Southbridge St. and struck the rear of vehicle 1. Vehicle 2 was pushed all the way through the intersection by the impact. Both vehicles were stuck together. Both parties stated they were uninjured and were not transported by EMS. Drenzo was called and towed both vehicles from the 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 Dominick Boschetto

Police Officer Name (Please Print)

Signature

91DB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/24/2024

Date