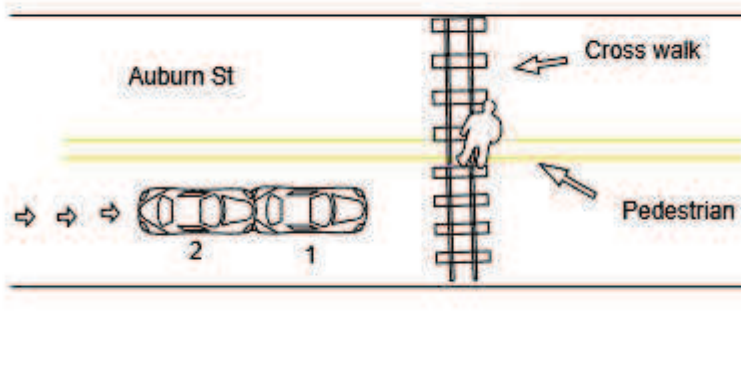


Police Use Only		Commonwealth of Massachusetts						RMV Document Number					
Date of Crash 10/06/2024	Time of Crash 0928 24HR	City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street				2 10					
At				Feet N S E W of . or				2 11					
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of				2 12					
Also at Intersection with				Route# Intersecting Roadway/Street				13					
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 1.1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-343-AC					
License # S87773956 St MA DOB/Age 05/03/1975				Reg # 354WB9 Reg Type PAN Reg State MA				1 12					
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement				Veh Year 2017 Veh Make HYUNDAI Veh Config. 1 21				1 13					
Operator LUCIER, JOLANDA MARIE				Owner LUCIER, JOLANDA MARIE				1 14					
Address 3 WELLS ST				Address 3 WELLS ST				1 15					
City ROCHDALE State MA Zip 01542-1324				City ROCHDALE State MA Zip 01542-1324				1 16					
Insurance Company THE STANDARD FIRE INSURAN				Vehicle Action Prior to Crash 2 22				Damaged Area Code: 4 27 5 27 6 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					
Please fill out for operator and all occupants involved				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					
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 2.1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.					
License # S16607803 St MA DOB/Age 08/03/1992				Reg # 4VHL69 Reg Type PAN Reg State MA				1 21					
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement				Veh Year 2014 Veh Make FORD Veh Config. 1 21				1 22					
Operator MULLIN, KASEY				Owner MULLIN, JAMES MICHAEL				1 23					
Address 40 OAKWOOD AVE				Address 40 OAKWOOD AVE				1 24					
City AUBURN State MA Zip 01501-1757				City AUBURN State MA Zip 01501-1757				1 25					
Insurance Company THE STANDARD FIRE INSURAN				Vehicle Action Prior to Crash 1 22				Damaged Area Code: 2 27 1 27 8 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 19 25 25				BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Driver Distracted by 99 26 26				Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved				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 → ○ → ○



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 stopped for a pedestrian at the cross walk when vehicle #2 rear ended vehicle #

1.

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 Tod J Kuchnicki

Police Officer Name (Please Print)

Signature

49TK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/06/2024

Date