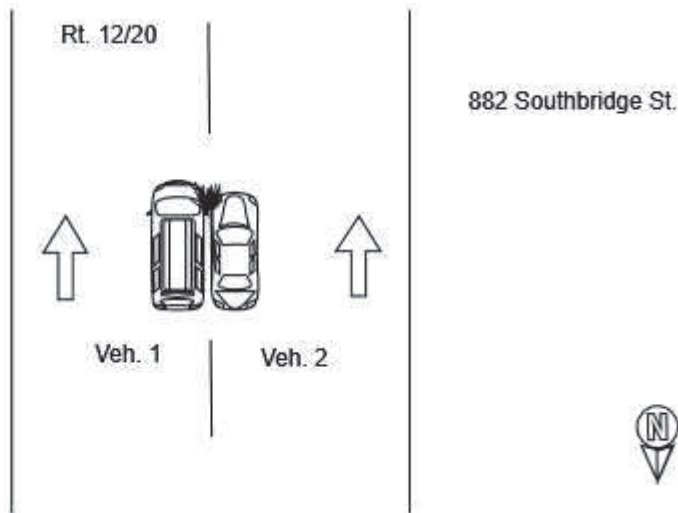


Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 12/11/2024		Time of Crash 1707 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
<div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>Route# Direction Address # Name of Roadway/Street</div> <div>882 SOUTHBRIDGE ST</div> <div>Feet N S E W of . or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>								
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# 24-443-AC						
License # S77715852 St MA DOB/Age 04/25/1980						Reg # X78667 Reg Type CO Reg State MA								
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2022 Veh Make FORD Veh Config. 6								
Operator PEREZ FRANCO, ENRIQUE						Owner GEOBOULEVARD BOYLSTON INC								
Address 24 WILLIAM ST APT 1B						Address 28 CHURCH ST STE 14 APT 698								
City WORCESTER State MA Zip 01609-2634						City WINCHESTER State MA Zip 01890-0000								
Insurance Company PROTECTIVE INSURANCE COMP						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 5 26 26								
Please fill out for operator and all occupants involved						Damaged Area Code: 0 27 27 27								
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						Test Status: 1 28								
Operator See Above						Type of Test: 29								
						BAC Test Result: 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 32								
						Towed from scene? 2 33								
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 # S81231641 St MA DOB/Age 06/09/1988						Reg # 5PYF57 Reg Type PC Reg State MA								
Sex F Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2010 Veh Make JAGUAR Veh Config. 1								
Operator CLEOPHAT, WHITNEY B						Owner CLEOPHAT, WHITNEY B								
Address 555 WORCESTER ST APT 111						Address 555 WORCESTER ST APT 111								
City SOUTHBRIDGE State MA Zip 01550-3301						City SOUTHBRIDGE State MA Zip 01550-3301								
Insurance Company FOREMOST INSURANCE COMPAN						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued) 061940AD						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub 90 20 Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26								
Please fill out for operator and all occupants involved						Damaged Area Code: 7 27 27 27								
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						Test Status: 1 28								
Operator/Occupants See Above						Type of Test: 29								
						BAC Test Result: 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 32								
						Towed from scene? 1 33								

→ = 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 one and vehicle two were both traveling south on Rt. 12/ Southbridge St (public way). Vehicle one was in the left hand travel lane, vehicle two was in the right hand travel lane. While both vehicles were traveling straight ahead, they each drift towards the white broken line. As a result the two vehicles collided with each other (see video). Vehicle one was able to drive on its own, vehicle two was towed away 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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/11/2024

Date