

Date of Crash 03/10/2026	Time of Crash 1725 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
						Latitude _____					
						Longitude _____					

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____			Route# <u>19</u> Direction _____ Address # <u>THAYER AVE</u> Name of Roadway/Street _____		
At _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____		
Also at Intersection with _____			Route# _____ Intersecting Roadway/Street _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____		
			Landmark _____		

Please Select One of the Following: Vehicle 10 #Occupants Hit/Run Moped Vulnerable User

Crash Report ID# **26-112-AC**

License # _____ St _____ DOB/Age _____	Reg # <u>MA7945</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex _____ Lic. Class <u>19 19</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year <u>2025</u> Veh Make <u>FORD</u> Veh Config. <u>2 21</u>
Operator <u>Driverless M.V.</u>	Owner <u>WILLARD, JASON MICHAEL</u>
Address _____	Address <u>19 THAYER AVE</u>
City _____ State _____ Zip _____	City <u>AUBURN</u> State <u>MA</u> Zip <u>01501-3129</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>11 22</u> Damaged Area Code: <u>2 27 27 27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Event Sequence <u>1 23 23 23 23</u> Test Status: <u>1 28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1 24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1 25 25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0 26 26</u> Susp. Alcohol: <u>2 31</u> Susp. Drug: <u>2 32</u>
	Towed from scene? <u>2 33</u>

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	XXXXXX	XXXX	1	0	4	0	0	10	1	

Please Select One of the Following: Vehicle 21 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

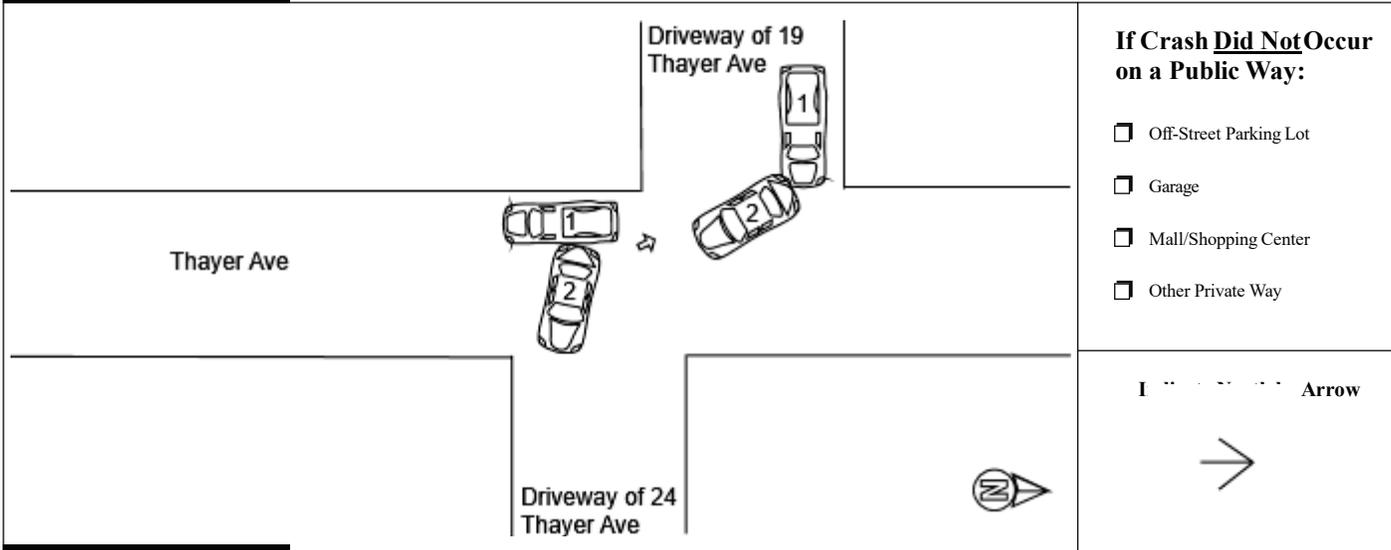
License # _____ St _____ DOB/Age _____	Reg # <u>173PA4</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D 19 19</u> Lic. Restrictions <u>B 20</u> CDL _____	Veh Year <u>2007</u> Veh Make <u>HONDA</u> Veh Config. <u>2 21</u>
Operator <u>KLAUCKE, RONALD MOORE</u>	Owner <u>KLAUCKE, RONALD MOORE</u>
Address <u>15 BANCROFT ST</u>	Address <u>15 BANCROFT ST</u>
City <u>AUBURN</u> State <u>MA</u> Zip <u>01501-2401</u>	City <u>AUBURN</u> State <u>MA</u> Zip <u>01501-2401</u>
Insurance Company <u>ARBELLA MUTUAL INSURANCE</u>	Vehicle Action Prior to Crash <u>10 22</u> Damaged Area Code: <u>5 27 27 27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>2 23 23 23 23</u> Test Status: <u>2 28</u>
Citation # (If Issued) <u>072775AE</u>	Most Harmful Event <u>2 24</u> Type of Test: <u>2 29</u>
Viol. 1: Ch/Sec/Sub <u>90 24E</u> Viol. 2: Ch/Sec/Sub <u>90 24J</u>	Driver Contributing Code <u>10 25 25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>99 26 26</u> Susp. Alcohol: <u>1 31</u> Susp. Drug: <u>2 32</u>
	Towed from scene? <u>1 33</u>

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	XXXXXX	XXXX	1	99	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

Indicate Direction with Arrow



Crash Narrative:

Vehicle 1 was parked on Thayer Ave. Vehicle 2 backed out of the driveway of 24 Thayer Ave. V2 collided with the drivers side of V1. The owner of V1 then moved his vehicle into his driveway, and V2 backed again and struck the front passenger side of V1. The operator of V2 was placed under arrest for 90/24.

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 Matthew Rodwill

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

03/10/2026

Date