

Police Use Only			Commonwealth of Massachusetts					RMV Document Number																	
Date of Crash 11/08/2024		Time of Crash 1712 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:																			
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street Feet N X E W of . or Mile Marker Exit Number Feet N S E W of Route# 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# 24-401-AC																	
License # S51430724 St MA DOB/Age 06/16/1987 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator HODGKINS, CAITLIN ROSE Address 3 HERITAGE DR City AUBURN State MA Zip 01501-3332 Insurance Company AMERICAN FAMILY CONNECT P Vehicle Travel Direction: N X E W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # RW82NX Reg Type PC Reg State MA Veh Year 2021 Veh Make BMW Veh Config. 1 21 Owner HODGKINS, ANITA HELEN Address 3 HERITAGE DR City AUBURN State MA Zip 01501-3332 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 3 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33																			
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		X		1		1		4		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 # S55277762 St MA DOB/Age 04/26/1986 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator GUICHARD, KRISTEN ANN Address 24 PAULA BETH ST City LITTLETON State MA Zip 01460-1739 Insurance Company FARMERS PROPERTY & CASUAL Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 333JR3 Reg Type PC Reg State MA Veh Year 2018 Veh Make HONDA Veh Config. 1 21 Owner GUICHARD, KRISTEN ANN Address 24 PAULA BETH ST City LITTLETON State MA Zip 01460-1739 Vehicle Action Prior to Crash 6 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 19 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 8 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33																			
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Operator/Occupants						See Above		X		1		1		4		0		0		10		1			

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

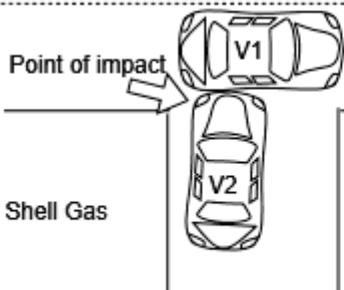
### If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate Direction of Travel with Arrow



386 Southbridge St.



Dunkin Donuts



### Crash Narrative:

V1 was travelling southbound on Southbridge St. V2 was attempting to enter the traffic lane from Shell gas. V2 did not see V1 and crashed into the right side of V1. No reported injuries. No vehicle towed from 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 Jason P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/08/2024

Date