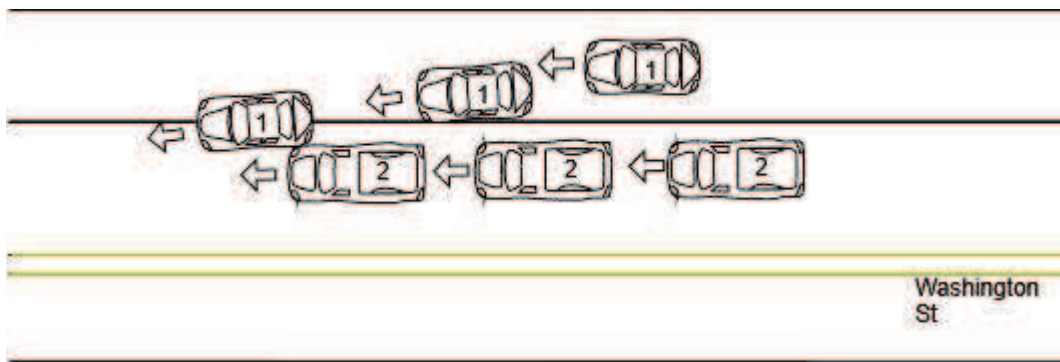


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 03/13/2025		Time of Crash 1356 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:									
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 S 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# 25-101-AC															
License # S24205564 St MA DOB/Age 02/02/1959 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator LITTLEFIELD, JIN S Address 202 WEATHERSTONE DR City WORCESTER State MA Zip 01604-2665 Insurance Company THE STANDARD FIRE INSURAN Vehicle Travel Direction: N S E X 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 # 6LFW41 Reg Type PAN Reg State MA Veh Year 2025 Veh Make HYUNDAI Veh Config. 2 Owner LITTLEFIELD, JIN S Address 202 WEATHERSTONE DR City WORCESTER State MA Zip 01604-2665 Vehicle Action Prior to Crash 5 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 99 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 6 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 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		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 # S31915647 St MA DOB/Age 11/19/1992 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator LAVIGNE, KEITH D Address 55 HERITAGE GREEN DR APT 407 City FISKDALE State MA Zip 01518 Insurance Company CITATION INSURANCE COMPAN Vehicle Travel Direction: N S E X 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 # X96234 Reg Type CON Reg State MA Veh Year 2016 Veh Make GMC Veh Config. 2 Owner CHRANE CONSTRUCTION LLC Address 2 JOE GODDARD RD City BROOKFIELD State MA Zip 01506-1877 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: 2 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 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

↑ Arrow



NAPA Auto Parts

Washington St

### Crash Narrative:

Both vehicles were traveling westbound on Washington St. Vehicle 1 was in the right lane while vehicle 2 was in the left lane. Vehicle 1 then abruptly changed lanes causing vehicle 2 to strike the rear quarter panel of vehicle 1. The vehicles then turned into the parking lot of NAPA Auto Parts. Both vehicles were operable and driven away from the scene. All parties stated no injuries and denied any medical attention or evalutaions.

### 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

03/13/2025

Date