

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 10/15/2024		Time of Crash 1050 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:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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 499 WASHINGTON ST 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 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-363-AC									
License # S73499145 St MA DOB/Age 02/25/1978 Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator PADIN, JOSE M Address 271 GULF ST City SHREWSBURY State MA Zip 01545-0000 Insurance Company NATIONAL CONTINENTAL INSU Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) 949269AC Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # X64130 Reg Type CON Reg State MA Veh Year 2024 Veh Make CHEVROLET Veh Config. 2 Owner QUALITY CONSTRUCTION LLC Address 387 CAMBRIDGE ST City WORCESTER State MA Zip 01603-2383 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 40 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 3 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 2 27 7 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? 1 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	99	4	0	0	10	1		
JOHN PAYNE		44 PARK ST OXFORD, MA 01540-2325				06/26/1964		M	3	99	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 # S30111367 St MA DOB/Age 08/03/1951 Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator EISNOR, WILLIAM T. Address 2 ROCK AVE City AUBURN State MA Zip 01501 Insurance Company QUINCY MUTUAL FIRE INSURA 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 # 4ND681 Reg Type PAN Reg State MA Veh Year 2013 Veh Make FORD Veh Config. 1 Owner EISNOR, JOANNE ELAINE Address 2 ROCK AVE City AUBURN State MA Zip 01501-1608 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: 1 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? 1 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	2	0	0	10	1		

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

SOUTH
ST

WASHINGTON
ST

LIGHT
POLE

NAPA AUTO PARTS

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 was traveling eastbound on Washington St. Vehicle 2 was traveling southbound on South St. Vehicle 2 light turned green and he began to proceed forward, vehicle 1 failed to stop at the red light and entered the intersection. Vehicle 2 struck the side of vehicle 1 in the intersection and came to rest in the intersection. Vehicle 1 then went off the roadway and struck a light pole in the parking lot of NAPA Auto Parts where it came to rest.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MURPHY LAWRENCE C JR	3 GALLANT AVE AUBURN MA 01501-1808		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NAPA AUTO PARTS	499 WASHINGTON ST AUBURN MA 01501			LIGHT POLE

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

10/15/2024

Date