

Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 04/14/2025		Time of Crash 1139 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 50		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"/>	
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 143 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 JUST AFTER WINDBROOK DR. 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# 25-141-AC											
License # S49440897 St MA DOB/Age 03/26/1966 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator CERRONE, JEAN MARIE Address 54 WINDBROOK DR City AUBURN State MA Zip 01501-3029 Insurance Company PLYMOUTH ROCK ASSURANCE C 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 # 9FL468 Reg Type PAN Reg State MA Veh Year 2023 Veh Make NISSAN Veh Config. 2 Owner CERRONE, JEAN MARIE Address 54 WINDBROOK DR City AUBURN State MA Zip 01501-3029 Vehicle Action Prior to Crash 6 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 4 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 5 27 27 27 Test Status: 1 28 Type of Test: 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						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 # S11828880 St MA DOB/Age 03/10/1966 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator GANNON, DIANE MARIE Address 255 MASSASOIT RD City WORCESTER State MA Zip 01604-3419 Insurance Company FARMERS PROPERTY & CASUAL 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 # 2KDX15 Reg Type PAN Reg State MA Veh Year 2025 Veh Make SUBARU Veh Config. 1 Owner GANNON, DIANE MARIE Address 255 MASSASOIT RD City WORCESTER State MA Zip 01604-3419 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: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33																	
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→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Windbrook Drive



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

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

Intersection Arrow



Washington Street



Crash Narrative:

On April 14, 2025, I, Officer Dominic Walker was dispatched to Washington Street in the area of Windbrook Drive for a report of a motor vehicle crash. Upon my arrival I spoke with the operator of vehicle one. She advised me that she pulled out of Windbrook Drive and did not see vehicle two. As she pulled on to Washington Street she was subsequently rear ended by vehicle two. The operator of vehicle two stated she was coming from her home in Worcester and was traveling on Washington Street. As she was approaching Windbrook Drive, vehicle one pulled out in front of her and she was not able to stop in time.

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/19/2025

Date