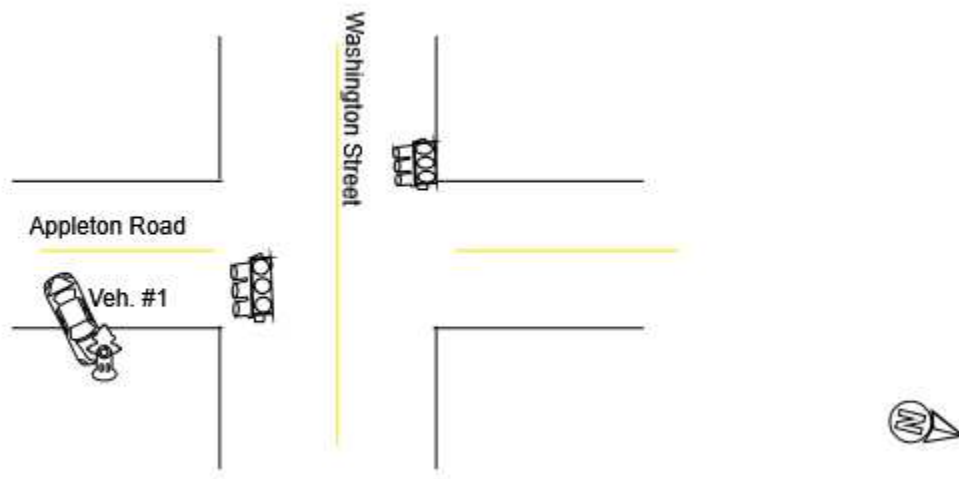


Police Use Only			Commonwealth of Massachusetts					RMV Document Number				
Date of Crash 12/05/2024	Time of Crash 0809 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>					<div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of or Mile Marker Exit Number</div> <div>60 Feet NSEW of 20 WASHINGTON ST</div> <div>Feet NSEW of Route# Intersecting Roadway/Street</div> <div>HERB CHAMBERS</div> <div>Landmark</div>							
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# 24-435-AC			
License # SA4710318 St MA DOB/Age 07/15/2004					Reg # 5BWP37 Reg Type PAN Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement					Veh Year 2024 Veh Make HONDA Veh Config. 121							
Operator MERCON, AMBER LYNN					Owner MERCON, AMBER LYNN							
Address 457 BRIMFIELD RD					Address 457 BRIMFIELD RD							
City WARREN State MA Zip 01083-7992					City WARREN State MA Zip 01083-7992							
Insurance Company THE STANDARD FIRE INSURAN					Vehicle Action Prior to Crash 122							
Vehicle Travel Direction: XSEW Responding to Emergency? 2					Event Sequence 20 23 35 23 23 23							
Citation # (If Issued)					Most Harmful Event 35 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub					Driver Contributing Code 1 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved					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							
Please Select One of the Following:			<input type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.			
License # St DOB/Age					Reg # Reg Type Reg State							
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement					Veh Year Veh Make Veh Config. 21							
Operator					Owner							
Address					Address							
City State Zip					City State Zip							
Insurance Company					Vehicle Action Prior to Crash 22							
Vehicle Travel Direction: NSEW Responding to Emergency?					Event Sequence 23 23 23 23							
Citation # (If Issued)					Most Harmful Event 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub					Driver Contributing Code 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Driver Distracted by 26 26							
Please fill out for operator and all occupants involved					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							

→ = 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

I ... Arrow



Crash Narrative:

Vehicle #1 was approaching the intersection and trying to stop for the red traffic light.

Appleton Road was snowy, icy and very slippery because DPW had not treated that roadway yet because of unexpected heavy snow fall.

Vehicle began sliding down hill. Operator stated she swerved toward curb to slow down and avoid going into intersection of Rte 20. which is heavily traveled.

Vehicle struck curb and then the fire hydrant, which became dislodged. Vehicle rested on top of fire hydrant flange and valve.

Driver's door was punctured by fire hydrant. While the tow truck operator removed the vehicle, the front bumper got stuck on the fire hydrant flange and the bumper came off.

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

Detective Keith E Chipman

Police Officer Name (Please Print)

Signature

63KC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/05/2024

Date