

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 10/25/2024		Time of Crash 1922 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 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# 24-381-AC									
License # SA4980475 St MA DOB/Age 11/15/1995 Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator KARAHADIAN, MIKAELLA Address 85 MOLASSES RD City BROOKFIELD State MA Zip 01506-0000 Insurance Company THE COMMERCE INSURANCE CO 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 # 1SJL98 Reg Type PC Reg State MA Veh Year 2019 Veh Make SUBARU Veh Config. 1 Owner KARAHADIAN, MIKAELLA Address 85 MOLASSES RD City BROOKFIELD State MA Zip 01506-0000 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 10 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						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						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						Operator See Above											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 24 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
License # S31473017 St MA DOB/Age 05/23/1969 Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator HUNTER, MARK WADE Address 195 LEICESTER ST City AUBURN State MA Zip 01501-1405 Insurance Company 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 # 533JYC Reg Type PAN Reg State ME Veh Year 2024 Veh Make NISSAN Veh Config. 1 Owner EAN HOLDINGS, LLC Address 14002 EAST 21ST STREET, APT E 15 City TULSA State OK Zip 74134 Vehicle Action Prior to Crash 4 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 18 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 8 27 10 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											
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Operator/Occupants See Above						Operator/Occupants See Above											
BEATRIZ FERNANDES						***UNKNOWN*** AUBURN, MA 01501											

➔ = 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

Intersection Arrow



Southbridge Street



CVS  
676 Southbridge Street  
Auburn, MA 01501

### Crash Narrative:

V1 was traveling southbound on Southbridge Street. V2 exited the entrance of CVS onto Southbridge Street. V1 crashed into V2.

"Motorola Watchguard camera footage is available from members of the Auburn Police Department who were involved in this call. Interviews and interactions that were preserved in other formats may be summarized in this report and should be reviewed independently for complete details. This report does not include a complete verbatim transcription of information discussed. It contains the pertinent portions relevant to this investigation, which may not be in the exact order of the event."

### 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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/25/2024

Date