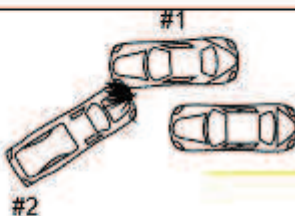


Police Use Only			Commonwealth of Massachusetts										RMV Document Number																																																										
Date of Crash 12/20/2024		Time of Crash 1642 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>																																																							
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																																																															
<div>15</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>12 S 688 SOUTHBRIDGE ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N X E W of . or</div> <div>Mile Marker Exit Number</div> <div>311</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>																																																																	
						<div>38</div> <div>Please Select One of the Following:</div> <div><input checked="" type="checkbox"/> Vehicle 11 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div>Crash Report ID# 24-464-AC</div>																																																																	
						<div>41</div> <div>License # S79755838 St MA DOB/Age 02/06/1961</div> <div>Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement</div> <div>Operator QUINLAN, JOHN FRANCIS</div> <div>Last First Middle</div> <div>Address 4 THEMELI CT</div> <div>City NORTH OXFORD State MA Zip 01537-1027</div> <div>Insurance Company THE COMMERCE INSURANCE CO</div> <div>Vehicle Travel Direction: N X E W Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>112</div> <div>Reg # 47662 Reg Type PC Reg State MA</div> <div>Veh Year 2019 Veh Make SUBARU Veh Config. 1 21</div> <div>Owner QUINLAN, SUSAN MARIE</div> <div>Last First Middle</div> <div>Address 4 THEMELI CT</div> <div>City NORTH OXFORD State MA Zip 01537-1027</div> <div>Vehicle Action Prior to Crash 1 22</div> <div>Event Sequence 1 23 23 23 23</div> <div>Most Harmful Event 1 24</div> <div>Driver Contributing Code 1 25 25</div> <div>Driver Distracted by 0 26 26</div> <div>Damaged Area Code: 8 27 27 27</div> <div>Test Status: 1 28</div> <div>Type of Test: 0 29</div> <div>BAC Test Result: 30</div> <div>Susp. Alcohol: 2 31 Susp. Drug: 2 32</div> <div>Towed from scene? 2 33</div>																																																											
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<div>81</div> <div>License # S23831240 St MA DOB/Age 10/08/1999</div> <div>Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement</div> <div>Operator DUNN, AIDAN JAMES</div> <div>Last First Middle</div> <div>Address 929 SHAKER RD APT 24</div> <div>City WESTFIELD State MA Zip 01085-5049</div> <div>Insurance Company SOMPO AMERICA INSURANCE C</div> <div>Vehicle Travel Direction: X S E W Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>414</div> <div>Reg # 6JCV79 Reg Type PAN Reg State MA</div> <div>Veh Year 2025 Veh Make TOYOTA Veh Config. 1 21</div> <div>Owner WHEELS LT</div> <div>Last First Middle</div> <div>Address 666 GARLAND PL</div> <div>City DES PLAINES State IL Zip 60016-0000</div> <div>Vehicle Action Prior to Crash 4 22</div> <div>Event Sequence 1 23 23 23 23</div> <div>Most Harmful Event 1 24</div> <div>Driver Contributing Code 18 25 4 25</div> <div>Driver Distracted by 7 26 26</div> <div>Damaged Area Code: 1 27 27 27</div> <div>Test Status: 1 28</div> <div>Type of Test: 0 29</div> <div>BAC Test Result: 1 30</div> <div>Susp. Alcohol: 2 31 Susp. Drug: 2 32</div> <div>Towed from scene? 2 33</div>																																																																	
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→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Southbridge Street

If Crash Did Not Occur on a Public Way:

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

Insert Arrow



Crash Narrative:

MV # 1 travelling South on Southbridge Street (Route 12). MV # 2 was attempting to make a left turn from the North lanes of Route 12. Operator of MV # 2 did not see MV # 1 in the far right lane as another MV had stopped to allow MV # 2 to make the left turn. MV # 2 struck the front driver side corner of MV # 1. MV # 1 has damage to the front right corner, MV# 2 has damage to the front left corner. Both cars driven from scene. No tow, no reported injuries.

Heavy snow, ice laden roads and low visability.

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 John E McLaughlin

Police Officer Name (Please Print)

Signature

94JM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/20/2024

Date