

Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 01/25/2025		Time of Crash 1257 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 50		State Police Local Police MBTA Police Campus Police Other:										
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 N S E W of Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of 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# 25-42-AC															
License # S69839952 St MA DOB/Age 12/08/1959						Reg # BR66XX Reg Type PC Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2018 Veh Make CHEVROLET Veh Config. 1 21																	
Operator KEEFE, FRANCIS X						Owner KEEFE, FRANCIS X																	
Address 47 SOUTH ST						Address 47 SOUTH ST																	
City AUBURN State MA Zip 01501						City AUBURN State MA Zip 01501																	
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 1 22																	
Vehicle Travel Direction: N S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 1 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						Damaged Area Code: 7 27 27 27																	
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 # SA1070828 St MA DOB/Age 04/24/2002						Reg # 5GJS62 Reg Type PC Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2009 Veh Make CHEVROLET Veh Config. 1 21																	
Operator SMITH, ERIC WILLIAM						Owner BOUTILLETTE-SMITH, DONMARIE ANNE																	
Address 376 MAIN ST						Address 376 MAIN ST																	
City OXFORD State MA Zip 01540-1730						City OXFORD State MA Zip 01540-1730																	
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 5 22																	
Vehicle Travel Direction: N S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 1 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 12 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26																	
Please fill out for operator and all occupants involved						Damaged Area Code: 4 27 27 27																	
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		4		0		0		10		1			

→ = 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

Insert Arrow



Crash Narrative:

Vehicle 1 was traveling eastbound on Route 20/Washington Street in the righthand land. Operator of Vehicle 1 stated that Vehicle 2 started to come into his lane so he swerved. Vehicle 2 was travelling in the lefthand lane eastbound on Route 20/Washington Street. Operator of Vehicle 2 said he started drifting into the righthand lane and swiped the side of Vehicle 1. The operator of Vehicle 2 reported it right away but the driver of Vehicle 1 did not stop. The operator of Vehicle 1 reported the accident two days later stating that he did not know Vehicle 2 had hit him until he saw the large scratch on the side of his truck. Vehicle 1 had a large red scratch on the side of his white truck and Vehicle 2 had remnants of white paint on his mirror. Refer to 25-133-OF for reference to the sequence of events.

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 Rachel B Crowley

Police Officer Name (Please Print)

Signature

92RC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/27/2025

Date