

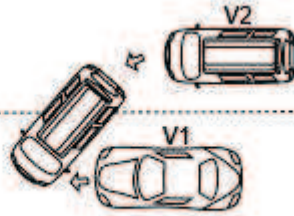
Police Use Only			Commonwealth of Massachusetts										RMV Document Number																																																										
Date of Crash 11/27/2024		Time of Crash 1203 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police 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:																																																															
<div>1</div> <div>1</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>2</div> <div>10</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>683 SOUTHBRIDGE ST</div> <div>Feet N S E W of or</div> <div>Mile Marker Exit Number</div> <div>3</div> <div>11</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>																																																																	
						<div>2</div> <div>1</div> <div>Please Select One of the Following:</div> <div><input checked="" type="checkbox"/> Vehicle 12 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div>Crash Report ID# 24-420-AC</div>																																																																	
						<div>3</div> <div>99</div> <div>License # S10981397 St MA DOB/Age 09/30/1962</div> <div>Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement</div> <div>Operator COURCHAINE, CYNTHIA L</div> <div>Address 156 HAMPTON ST</div> <div>City AUBURN State MA Zip 01501-2652</div> <div>Insurance Company GEICO GENERAL INSURANCE C</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>2</div> <div>1</div> <div>Reg # 8897TI Reg Type PC Reg State MA</div> <div>Veh Year 2020 Veh Make FORD Veh Config. 1</div> <div>Owner COURCHAINE, ROY ALBERT SR</div> <div>Address 156 HAMPTON ST</div> <div>City AUBURN State MA Zip 01501-2652</div> <div>Vehicle Action Prior to Crash 1</div> <div>Event Sequence 1 23 23 23 23</div> <div>Most Harmful Event 1</div> <div>Driver Contributing Code 1</div> <div>Driver Distracted by 0</div> <div>Damaged Area Code: 2</div> <div>Test Status: 28</div> <div>Type of Test: 29</div> <div>BAC Test Result: 30</div> <div>Susp. Alcohol: 31 Susp. Drug: 32</div> <div>Towed from scene? 2</div>																																																											
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→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Southbridge St



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

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

Indicate Direction of Travel with Arrow



Parking lot of Colony Liquors 683 Southbridge St

Crash Narrative:

V1 was traveling south on Southbridge St in left lane. V2 was traveling south on Southbridge St in right lane. V2 passed V1 and turned left in front of V1 to turn into parking lot of Colony Liquors

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 Adam D Gustafson

Police Officer Name (Please Print)

Signature

62AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/27/2024

Date