Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Type
11/16/2024	1613 (24HR)	Auburn	1	0	10			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

LOCATION

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

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street: 777 WASHINGTON ST

Feet N S E W of — — — • — Mile Marker or 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: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 24-410-AC

Vehicle 1

License # S27417397 St MA DOB/Age 07/28/1947

Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement

Operator CASCIANO, MADELINE R (Last, First, Middle)

Address 10 COUNTRY CLUB BLVD

City DUDLEY State MA Zip 01571-3001

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N S 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 # 51TA06 Reg Type PAN Reg State MA

Veh Year 2011 Veh Make KIA Veh Config. 2

Owner CASCIANO, MADELINE R (Last, First, Middle)

Address 10 COUNTRY CLUB BLVD

City DUDLEY State MA Zip 01571-3001

Vehicle Action Prior to Crash: 4

Event Sequence: 3

Most Harmful Event: 3

Driver Contributing Code: 18

Driver Distracted by: 99

Damaged Area Code: 8

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

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			1	99	4	0	0	10	1	

Please Select One of the Following: ☐ Vehicle 2 — #Occupants ☐ Hit/Run ☐ Moped ☒ **Vulnerable User** Complete the Vulnerable User section.

Vehicle 2

License # St DOB/Age

Sex Lic. Class Lic. Restrictions CDL Endorsement

Operator (Last, First, Middle)

Address

City State Zip

Insurance Company

Vehicle Travel Direction: N S E W Responding to Emergency?

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config.

Owner (Last, First, Middle)

Address

City State Zip

Vehicle Action Prior to Crash:

Event Sequence:

Most Harmful Event:

Driver Contributing Code:

Driver Distracted by:

Damaged Area Code:

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: Susp. Drug:

Towed from scene?

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			1							

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User

Type: 1 VU1 | Action: 3 VU2 | Location: 5 VU3

VU: [redacted] (Last / First / Middle)

Address [redacted]

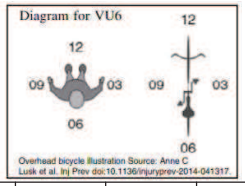
City [redacted] State [redacted] Zip [redacted]

License # [redacted] St [redacted] DOB/Age [redacted]

Traffic Control Device: 0 VU4

Origin/Destination: 97 VU5

Contact Point: 09 VU6



Primary Injury Area: 2 VU7

Event Sequence: 10 VU8 | 19 VU8 | VU8 | VU8

Contributing Code: 1 VU9 | VU9

Distracted by: 1 VU10 | VU10

Test Status: 1 VU11

Type of Test: 0 VU12

BAC Test Result: 1 VU13

Susp. Alcohol: 2 VU14

Susp. Drug: 2 VU15

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User	M	97	8	3	0	8	0	

Vulnerable User

Type: VU1 | Action: VU2 | Location: VU3

VU: _____ (Last / First / Middle)

Address _____

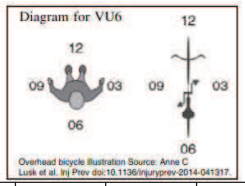
City _____ State _____ Zip _____

License # _____ St _____ DOB/Age _____

Traffic Control Device: VU4

Origin/Destination: VU5

Contact Point: VU6



Primary Injury Area: VU7

Event Sequence: VU8 | VU8 | VU8 | VU8

Contributing Code: VU9 | VU9

Distracted by: VU10 | VU10

Test Status: VU11

Type of Test: VU12

BAC Test Result: VU13

Susp. Alcohol: VU14

Susp. Drug: VU15

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

Vulnerable User

Type: VU1 | Action: VU2 | Location: VU3

VU: _____ (Last / First / Middle)

Address _____

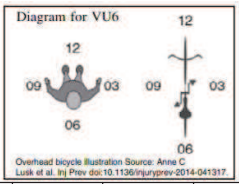
City _____ State _____ Zip _____

License # _____ St _____ DOB/Age _____

Traffic Control Device: VU4

Origin/Destination: VU5

Contact Point: VU6



Primary Injury Area: VU7

Event Sequence: VU8 | VU8 | VU8 | VU8

Contributing Code: VU9 | VU9

Distracted by: VU10 | VU10

Test Status: VU11

Type of Test: VU12

BAC Test Result: VU13

Susp. Alcohol: VU14

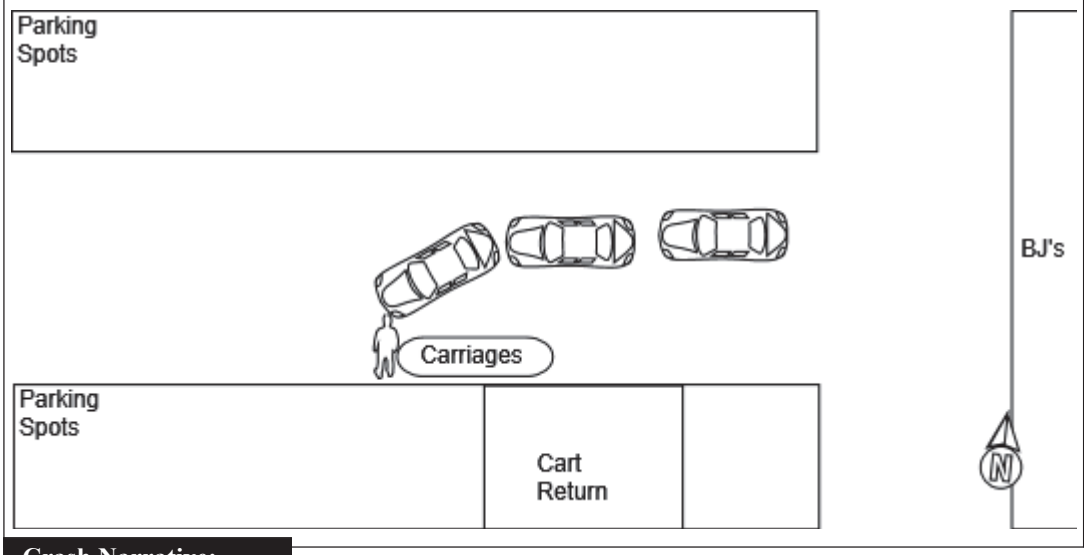
Susp. Drug: VU15

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

= 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

Indicate North Arrow

Crash Narrative:

See 24-1542-OF

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MITCHELL CHRISTINE KATHERINE	3 HIGHCREST PARK WEBSTER MA 01570-4355	[redacted]	

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 Dominick Boschetto		91DB	Auburn Police Department		11/16/2024
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date