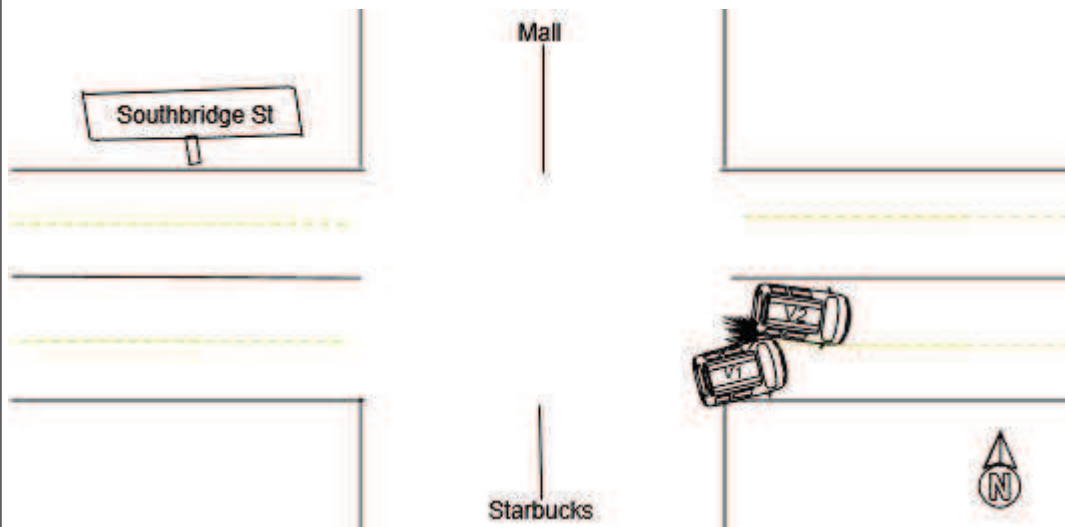


Police Use Only			Commonwealth of Massachusetts					RMV Document Number																			
Date of Crash 12/31/2024		Time of Crash 1307 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																			
<div>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 or 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# 24-475-AC																		
License # St. DOB/Age						Reg # 3CCJ33 Reg Type PC Reg State MA																					
Sex Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2015 Veh Make JEEP Veh Config. 1 21																					
Operator Last First Middle						Owner CHAMPOUX, SUSAN M Last First Middle																					
Address						Address 90 OSGOOD RD																					
City State Zip						City CHARLTON State MA Zip 01507																					
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 3 22 Damaged Area Code: 8 27 27 27																					
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28																					
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29																					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 1 30																					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32																					
Driver Distracted by 0 26 26						Towed from scene? 2 33																					
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		X		X		1		1		4		0		0		10		1			
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																		
License # S41788033 St. MA DOB/Age 10/01/1963						Reg # 1EKB94 Reg Type PC Reg State MA																					
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2017 Veh Make TOYOTA Veh Config. 1 21																					
Operator ZONA, ELAINE K Last First Middle						Owner ZONA, TANNER JOSIAH Last First Middle																					
Address 5 MECHANIC ST APT 1F						Address 5 CHERRY ST																					
City SPENCER State MA Zip 01562						City SPENCER State MA Zip 01562																					
Insurance Company USAA GENERAL INDEMNITY CO						Vehicle Action Prior to Crash 4 22 Damaged Area Code: 4 27 27 27																					
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28																					
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29																					
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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			
TANNER ZONA						5 CHERRY ST SPENCER, MA 01562		04/21/1989		M		3		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

↑ Arrow



Crash Narrative:

At approximately 1307 hours on 12/31/2024, the Auburn Police Department received a phone call for a 2-car motor vehicle accident in the area of 440 Southbridge St. Upon arrival I spoke with the Operator of Vehicle: 1 (V1). V1 stated that prior to the accident she was stopped at the intersection of Starbucks and Southbridge St. V1 turned right onto Southbridge St and collided with the right-rear of V2.

I spoke with the Operator of Vehicle: 2 (V2), whom advised that prior to the accident she leaving the Mall parking lot and turning left onto Southbridge St. V2 stated she had a green light prior to entering the intersection.

Both vehicles were deemed operable and were driven from the scene but their perspective operators.

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 Jordan D Ryan

Police Officer Name (Please Print)

Signature

90JR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/31/2024

Date