

Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 01/16/2025		Time of Crash 1447 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:										
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>AUBURN ST</div> <div>Feet NSEW of or</div> <div>Mile Marker Exit Number</div> <div>Feet NSEW of</div> <div>Route# Intersecting Roadway/Street</div> <div>0 Feet NSXW of</div> <div>IN FRONT OF BAYSTATE SAVINGS</div> <div>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# 25-30-AC															
License # S49646875 St MA DOB/Age 05/07/1971						Reg # 5CXM97 Reg Type PAN Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2024 Veh Make SUBARU Veh Config. 1 21																	
Operator LOONEY, RAYMOND F III						Owner LOONEY, RAYMOND FRANCIS JR																	
Address 50 STONEVILLE HTS						Address 18 NANCY DR																	
City AUBURN State MA Zip 01501-1538						City AUBURN State MA Zip 01501-1722																	
Insurance Company THE HANOVER INSURANCE COM						Vehicle Action Prior to Crash 1 22																	
Vehicle Travel Direction: NSXW 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 # S67713936 St MA DOB/Age 01/31/1943						Reg # 3420SE Reg Type PAN Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2018 Veh Make SUBARU Veh Config. 1 21																	
Operator HERARD, KATHLEEN MARIE						Owner HERARD, KATHLEEN MARIE																	
Address 27 BELAIR HTS						Address 27 BELAIR HTS																	
City LEOMINSTER State MA Zip 01453-5203						City LEOMINSTER State MA Zip 01453-5203																	
Insurance Company AMICA MUTUAL INSURANCE CO						Vehicle Action Prior to Crash 1 22																	
Vehicle Travel Direction: NSXW 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 97 25 25																	
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Please fill out for operator and all occupants involved						Damaged Area Code: 3 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			

### Crash Diagram:

ie: → 1 → 2 → ○ → ○



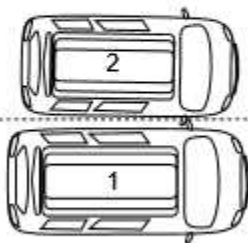
### If Crash Did Not Occur on a Public Way:

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

↑ Arrow



Auburn St



Bay State Savings Bank

### Crash Narrative:

On January 16, 2025, I was dispatched to the area of Baystate Savings Bank on Auburn Street for a report of a minor two car motor vehicle crash. Upon my arrival, I spoke with the operator of vehicle 1 and 2. They stated that they were traveling down Auburn Street and when it split to two lanes, the operator of vehicle 2 drove by and accidentally struck the mirror of vehicle 1.

### 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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/16/2025

Date