

Date of Crash 12/02/2024	Time of Crash 0743 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
						Latitude _____					
						Longitude _____					

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

<u>WASHINGTON ST</u>			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____		
<u>PROSPECT ST</u>			Mile Marker _____ Exit Number _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____		
Also at Intersection with _____			Route# _____ Intersecting Roadway/Street _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____		
			Landmark _____		

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Vulnerable User

Crash Report ID# **24-428-AC**

License # <u>S93589450</u> St <u>MA</u> DOB/Age <u>06/15/1980</u>	Reg # <u>5PSF78</u> Reg Type <u>PAN</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D 19 19</u> Lic. Restrictions <u>99 20</u> CDL _____	Veh Year <u>2010</u> Veh Make <u>LEXUS</u> Veh Config. <u>1 21</u>
Operator <u>PAQUETTE, VIKI S</u>	Owner <u>PAQUETTE, VIKI S</u>
Address <u>136 BLACKSTONE ST</u>	Address <u>136 BLACKSTONE ST</u>
City <u>BOSTON</u> State <u>MA</u> Zip <u>02109-1502</u>	City <u>BOSTON</u> State <u>MA</u> Zip <u>02109-1502</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>4 22</u> Damaged Area Code: <u>1 27 2 27 8 27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1 23 23 23 23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1 24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>4 25 25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>99 26 26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>1 33</u>

Please fill out for operator and all occupants involved		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	XXXXXX	XXXX	1	1	1	0	0	10	1	

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

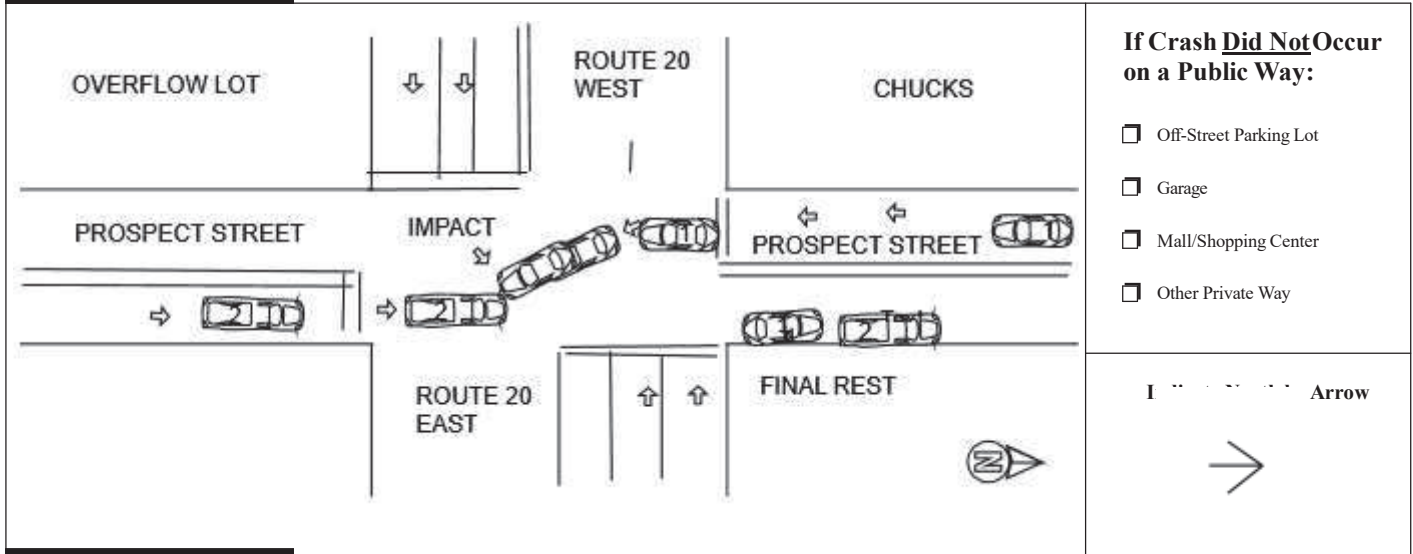
License # <u>S11380201</u> St <u>MA</u> DOB/Age <u>02/14/1988</u>	Reg # <u>1SG738</u> Reg Type <u>PAN</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D 19 19</u> Lic. Restrictions <u>99 20</u> CDL _____	Veh Year <u>2011</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1 21</u>
Operator <u>HAWKES, KELSI ANN</u>	Owner <u>HAWKES, KELSI ANN</u>
Address <u>199 PROSPECT ST</u>	Address <u>199 PROSPECT ST</u>
City <u>AUBURN</u> State <u>MA</u> Zip <u>01501-3342</u>	City <u>AUBURN</u> State <u>MA</u> Zip <u>01501-3342</u>
Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u>	Vehicle Action Prior to Crash <u>1 22</u> Damaged Area Code: <u>8 27 7 27 27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1 23 23 23 23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1 24</u> Type of Test: <u>29</u>
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	Towed from scene? <u>2 33</u>

Please fill out for operator and all occupants involved		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	XXXXXX	XXXX	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

Legend: Arrow



Crash Narrative:

MV#2 WAS TRAVELLING NORTH ON PROSPECT STREET TRAVELLING RTE.20/WASHINGTON STREET. MV#1 WAS TRAVELLING SOUTHBOUND ON PROSPECT STREET AS THE OPERATOR ATTEMPTED TO TURN LEFT ONTO RTE.20/WASHINGTON STREET IN AN EASTBOUND DIRECTION IN THE DIRECT PATH OF MV#2. AS A RESULT MV#1 IMPACTED THE DRIVER'S SIDE FRONT QUARTER OF MV#2. AFTER SPEAKING WITH BOTH OPERATORS THERE WAS NO REPORTED INJURIES.

OPERATOR OF MV#1 INFORMED ME THAT SHE HAD PULLED IN FRONT OF MV#2. (END OF REPORT)

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 Jason Miglionico 52JM Auburn Police Department 12/02/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date