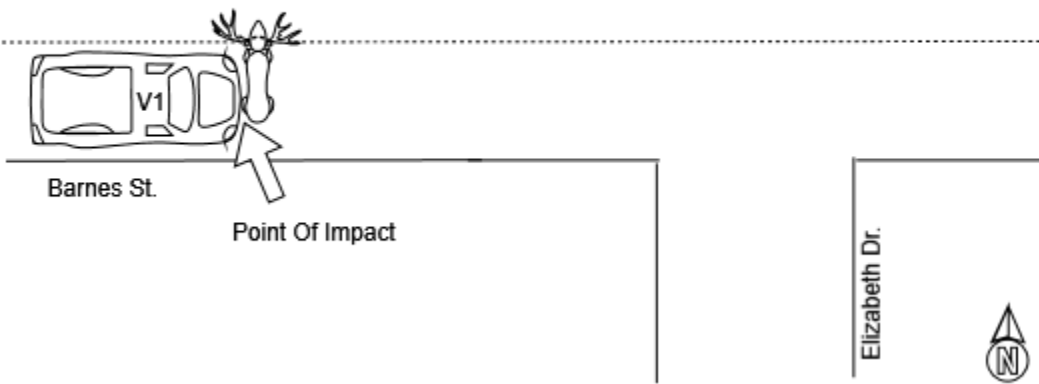


Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 01/06/2025		Time of Crash 1919 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
Route# Direction BARNES ST						Route# Direction Address # Name of Roadway/Street								
At						Feet N S E W of . or Exit Number								
Route# Direction ELIZABETH DR						Feet N S E W of Route# Intersecting Roadway/Street								
Also at Intersection with						Feet N S E W of Landmark								
Route# Direction Name of Intersecting Roadway/Street														
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# 25-9-AC						
License # S11910145 St MA DOB/Age 08/10/2000						Reg # W31604 Reg Type CO Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2021 Veh Make FORD Veh Config. 1 21								
Operator BEDARD, RYAN PAUL						Owner AAA NORTHEAST								
Address 22 ELMWOOD AVE						Address 110 ROYAL LITTLE DR								
City MILLBURY State MA Zip 01527-1533						City PROVIDENCE State RI Zip 02904-0000								
Insurance Company HARTFORD FIRE INSURANCE C						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 5 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 5 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						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 1 4 0 0 10 1								
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.						
License # St DOB/Age						Reg # Reg Type Reg State								
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21								
Operator						Owner								
Address						Address								
City State Zip						City State Zip								
Insurance Company						Vehicle Action Prior to Crash 22								
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26								
Please fill out for operator and all occupants involved						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								

→ = 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:

V1 was travelling eastbound on Barnes St. in the area of Elizabeth Dr. V1 crashed into a deer, when it suddenly jumped out into the road. The operator of V1 stated they did not see the deer. There were no reported injuries to the operator.

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 P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/06/2025

Date