

Police Use Only

Date of Crash
10/19/2024

Time of Crash
1238

24HR

City/Town
Auburn

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Number Vehicles
2

Number Injured
0

RMV Document Number

Speed Limit **30**

Latitude _____
Longitude _____

State Police Local Police MBTA Police Campus Police Other:

☐☒☐

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

<LOCATION>

NOT AT INTERSECTION:

65SCHOOL STAddress #Name of Roadway/StreetFeetN S E Wof•orExit NumberFeetN S E WofRoute#Intersecting Roadway/StreetLandmark

Please Select One of the Following:

☒Vehicle**11**#Occupants☐Hit/Run☐MopedCrash Report ID#**24-369-AC**

License #**S97272724**St**MA**DOB/Age**04/25/1980**Reg #**3BAG15**Reg Type**PAN**Reg State**MA**Veh Year**2004**Veh Make**DODGE**Veh Config.**1**²¹Sex**F**Lic. Class**D**¹⁹/₁₉Lic. Restrictions**20**CDLEndorsementOperator**FLYNN, REGINA M**LastFirstMiddleOwner**FLYNN, REGINA M**LastFirstMiddleAddress**9 WATERS CT**City**MILLBURY**State**MA**Zip**01527-1921**Insurance Company**PROGRESSIVE DIRECT INSURA**Vehicle Action Prior to Crash**1**²²Damaged Area Code:**2**²⁷**3**²⁷²⁷Vehicle Travel Direction:**N X E W**Responding to Emergency? **2**Event Sequence**2**²³**23**²³²³Type of Test:**28**Citation # (If Issued)Most Harmful Event**2**²⁴BAC Test Result:**30**Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/SubDriver Contributing Code**1**²⁵²⁵Susp. Alcohol:**31**Susp. Drug:**32**Viol. 3: Ch/Sec/SubDriver Distracted by**0**²⁶²⁶Towed 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:

☒Vehicle**21**#Occupants☐Hit/Run☐Moped☐Vulnerable UserComplete the Vulnerable User section.

License #**S79143644**St**MA**DOB/Age**10/25/1948**Reg #**WYVERN**Reg Type**PAV**Reg State**MA**Veh Year**2016**Veh Make**BUICKS**Veh Config.**1**²¹Sex**F**Lic. Class**D**¹⁹/₁₉Lic. Restrictions**20**CDLEndorsementOperator**CARBERRY, GAIL E**LastFirstMiddleOwner**CARBERRY, DONALD HENRY**LastFirstMiddleAddress**148 PAKACHOAG ST**City**AUBURN**State**MA**Zip**01501-3128**Insurance Company**THE COMMERCE INSURANCE CO**Vehicle Action Prior to Crash**11**²²Damaged Area Code:**7**²⁷²⁷²⁷Vehicle Travel Direction:**N X E W**Responding to Emergency? **2**Event Sequence**2**²³**23**²³²³Type of Test:**28**Citation # (If Issued)Most Harmful Event**2**²⁴BAC Test Result:**30**Viol. 1: Ch/Sec/Sub Driver Contributing Code**19**²⁵**97**²⁵Susp. Alcohol:**31**Susp. Drug:**32**Viol. 3: Ch/Sec/SubDriver Distracted by**99**²⁶²⁶Towed from scene?**1**³³

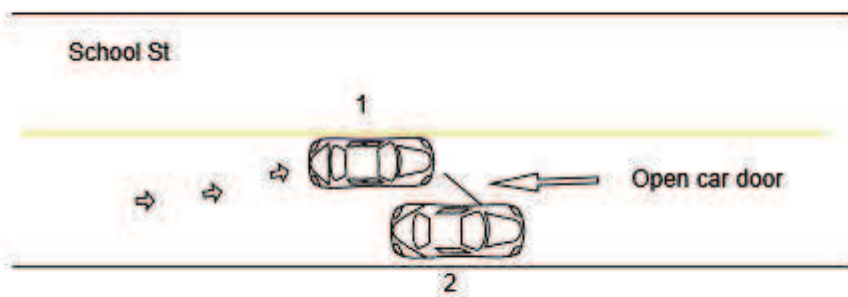
Please fill out for operator and all occupants involved

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/Occupants	See Above	X	X	1	99	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

1 Arrow



Crash Narrative:

Vehicle #2 was parked on the side of School St. Vehicle #1 was traveling south on School St and began to drive around vehicle 2. As vehicle #1 was driving past vehicle #2, the operator of vehicle #2 opened the driver's door in front of vehicle #1, causing vehicle #1 to hit the open door.

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 Tod J Kuchnicki

Police Officer Name (Please Print)

Signature

49TK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/19/2024

Date