

Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 02/14/2025		Time of Crash 1157 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 5		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:															
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						Route# Direction Address # Name of Roadway/Street 676 SOUTHBRIDGE ST Feet N S E W of . or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark																	
						Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 10 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Crash Report ID# 25-63-AC						License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Driverless M.V. Address City State Zip Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 3BXV14 Reg Type PAN Reg State MA Veh Year 2020 Veh Make JEEP Veh Config. 1 21 Owner REED, THOMAS A Address 90 DELMAR DR City WHITINSVILLE State MA Zip 01588 Vehicle Action Prior to Crash 11 22 Event Sequence 2 23 23 23 23 Most Harmful Event 2 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 2 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 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																	
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 # S47319290 St MA DOB/Age 05/08/1964 Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement Operator CARPENTER, EDWARD JOSEPH Address 47 PAKACHOAG ST City AUBURN State MA Zip 01501-3140 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub																	
						Reg # 678NX5 Reg Type PAN Reg State MA Veh Year 2017 Veh Make CHEVROLET Veh Config. 1 21 Owner CARPENTER, EDWARD JOSEPH Address 47 PAKACHOAG ST City AUBURN State MA Zip 01501-3140 Vehicle Action Prior to Crash 3 22 Event Sequence 2 23 23 23 23 Most Harmful Event 2 24 Driver Contributing Code 19 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 4 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33																	
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Operator/Occupants						See Above																	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

CVS Parking Lot

↔ Southbridge St. ↔

Applebee's Restaurant

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Information Arrow

Crash Narrative:

Vehicle 1 was parked facing north in the parking lot of CVS located at #676 Southbridge St. where the public has the right of access. Vehicle 2 was also facing north and upon exiting, struck the front driver's side of vehicle 1 (driverless motor vehicle). Vehicle 1 sustained damage to its bumper and under headlight assembly. Vehicle 2 sustained minor damage to its rear passenger's side quarter. No injuries to report and no tows needed.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SNOW JESSICA	7 WOLF RD BOURNE MA 02532		

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 Derek P Courchaine

Police Officer Name (Please Print)

Signature

75DC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/14/2025

Date