

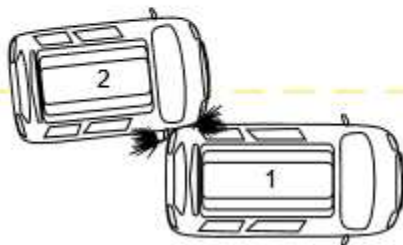
Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 05/15/2025		Time of Crash 1304 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
<div>1</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>2</div> <div>10</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>											
						<div>4</div> <div>11</div>											
						<div>2</div>											
						<div>2</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# 25-166-AC									
License # 146536059 St CT DOB/Age 02/05/1954						Reg # C392561 Reg Type CON Reg State CT											
Sex M Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2023 Veh Make FORD Veh Config. 2 21											
Operator LJUBICIC, ANTE						Owner LJUBICIC, ANTE											
Address 43 SHAWONDASSEE DR						Address 43 SHAWONDASSEE DR											
City STONINGTON State CT Zip 06378						City STONINGTON State CT Zip 06378											
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 1 22											
Vehicle Travel Direction: N S E X 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						Please fill out for operator and all occupants involved											
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 # S75973320 St MA DOB/Age 06/25/2001						Reg # QED2C Reg Type PC Reg State FL											
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2018 Veh Make GMC Veh Config. 1 21											
Operator PICKARD, KAITLIN ELIZABETH						Owner PICKARD, TROY BLAYNE											
Address 60 DIX HILL RD						Address 14957 91ST SE AVE											
City BRIMFIELD State MA Zip 01010						City YELM State WA Zip 98597-8665											
Insurance Company GEICO CHOICE INSURANCE C						Vehicle Action Prior to Crash 5 22											
Vehicle Travel Direction: N S E X 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 11 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											
Operator/Occupants						See Above											

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Route 20/Washington Street



If Crash Did Not Occur on a Public Way:

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

↓ Arrow

Crash Narrative:

The operator of vehicle 1 stated that he pulled out of BJ's gas (782 Washington Street) and was travelling westbound when Vehicle 2 clipped him from behind and drove past him at a high rate of speed. The operator stated that he thought she was not going to pull over. The operator of Vehicle 2 stated that she was coming over the hill and saw Vehicle 1 travelling in the right lane. The operator of Vehicle 2 said that Vehicle 1 was travelling slowly and she could not stop in time so she swerved out of the way and hit Vehicle 1's left rear side. The operator of Vehicle 2 stated that she was not trying to evade Vehicle 1, she was just looking for a good place to pull over. The operator of Vehicle 2 stated that the damage above her right tire was from a previous incident in Washington DC. The operator of Vehicle 1 stated that the damage on Vehicle 2 is consistent with his vehicle. Pictures will be attached.

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 Rachel B Crowley

Police Officer Name (Please Print)

Signature

92RC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/15/2025

Date