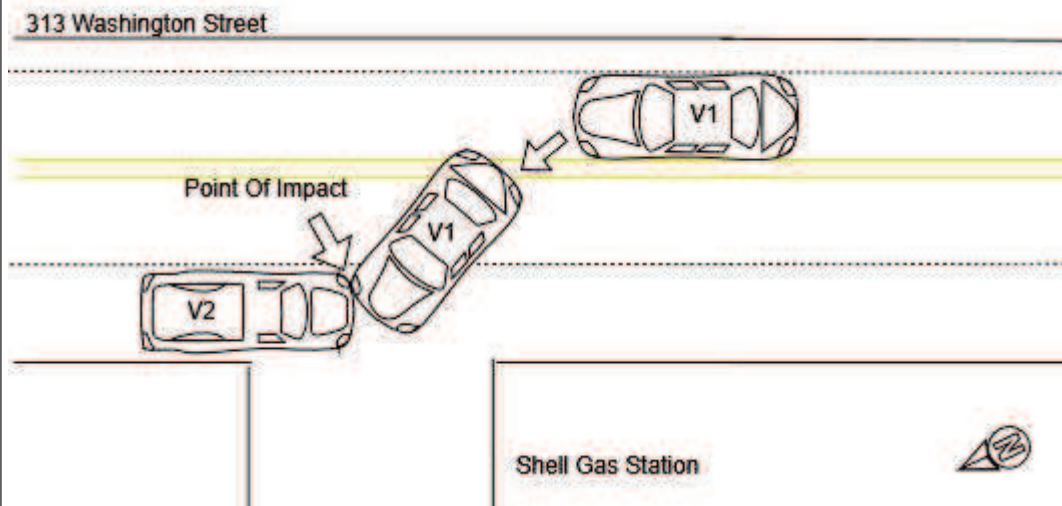


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 02/13/2025		Time of Crash 1542 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 50		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
WASHINGTON ST																	
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of or Mile Marker Exit Number											
MILLBURY ST																	
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with						Feet N S E W of											
Route# Direction Name of Intersecting Roadway/Street						Landmark											
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# 25-61-AC									
License # SA4870634 St MA DOB/Age 06/03/2004						Reg # 3CHW48 Reg Type PC Reg State MA											
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2019 Veh Make MAZDA Veh Config. 1 21											
Operator PANO, JOANNA						Owner PANO, JOANNA											
Last First Middle						Last First Middle											
Address 1203 GRAFTON ST APT 46C						Address 1203 GRAFTON ST APT 46C											
City WORCESTER State MA Zip 01604-2644						City WORCESTER State MA Zip 01604-2644											
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 8 27 27											
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28											
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 0 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 6 25 25 Towed from scene? 1 33											
Driver Distracted by 0 26 26																	
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 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 # S19451125 St MA DOB/Age 07/22/2002						Reg # S89497 Reg Type CO Reg State MA											
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2018 Veh Make TOYOTA Veh Config. 2 21											
Operator TETREAU, LUCINA SUSAN						Owner BRAMAN CHEMICAL ENTERPRISES INC											
Last First Middle						Last First Middle											
Address 468 PLEASANT ST						Address 147 ALMGREN DR											
City LEICESTER State MA Zip 01524-1240						City AGAWAM State MA Zip 01001-3828											
Insurance Company SELECTIVE INSURANCE COMPA						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27											
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28											
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 0 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 1 25 25 Towed from scene? 1 33											
Driver Distracted by 0 26 26																	
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 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

Insert North Arrow



Crash Narrative:

V1 was travelling eastbound on Washington St. when the operator attempted to make a left turn into a Shell gas station. V1 stated that once beginning her turn the vehicles on the inside lane stopped to allow her to make the turn. V1 stated that V2 was in the outside lane and did not stop for her to complete the turn. V2 was travelling westbound on Washington St, and did not see V1 turning into the gas station. V1 and V2 crashed on Washington St. at the entrance to the Shell gas station. There were no injuries, or airbag deployment. Both vehicles were towed from the scene by Dorenzo's.

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

02/13/2025

Date