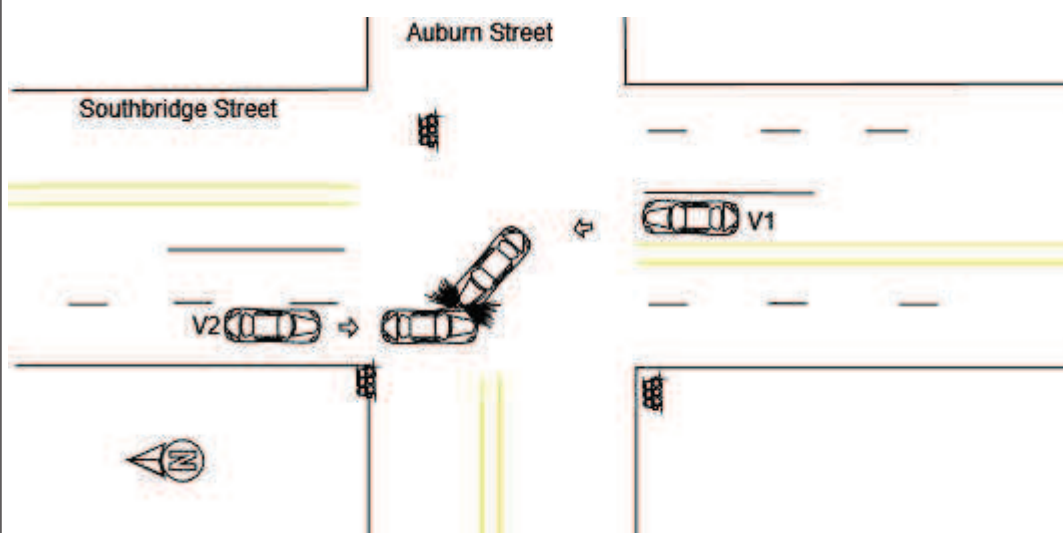


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 12/12/2024		Time of Crash 1728 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police <input type="checkbox"/>		Local Police <input checked="" type="checkbox"/>		MBTA Police <input type="checkbox"/>		Campus Police <input type="checkbox"/>		Other: <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# Direction SOUTHBRIDGE ST Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																	
At						Feet N S E W of . or Exit Number																	
Route# Direction AUBURN ST 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 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# 24-446-AC													
License # S28628182 St MA DOB/Age 04/16/1973						Reg # 6RER60 Reg Type PC Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2024 Veh Make SUBARU Veh Config. 1 21																	
Operator BOLDUC, CHRISTOPHER SEAN Last First Middle						Owner BOLDUC, CHRISTOPHER SEAN Last First Middle																	
Address 65 ROCKLAND RD						Address 65 ROCKLAND RD																	
City AUBURN State MA Zip 01501-2056						City AUBURN State MA Zip 01501-2056																	
Insurance Company ARBELLA MUTUAL INSURANCE						Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 3 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						Driver Contributing Code 1 25 25 BAC Test Result: 1 30																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32																	
Please fill out for operator and all occupants involved						Towed from scene? 1 33																	
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 # S47915720 St MA DOB/Age 08/04/1969						Reg # 724WHO Reg Type PC Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2023 Veh Make JEEP Veh Config. 1 21																	
Operator RUDZINSKI, CHRISTINE MARIE Last First Middle						Owner RUDZINSKI, CHRISTINE MARIE Last First Middle																	
Address 85 BRYN MAWR AVE						Address 85 BRYN MAWR AVE																	
City AUBURN State MA Zip 01501-1603						City AUBURN State MA Zip 01501-1603																	
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 27																	
Vehicle Travel Direction: N X 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						Driver Contributing Code 3 25 25 BAC Test Result: 1 30																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32																	
Please fill out for operator and all occupants involved						Towed from scene? 1 33																	
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

Intersection Arrow



### Crash Narrative:

V1 was stopped at the intersection of Southbridge Street at Auburn Street. V1 had a flashing yellow light and yeilded to on coming traffic. V2 was traveling straight. V1's traffic light changed to a green arrow. V1 proceeded to take the left hand turn onto Auburn Street. V2 crashed into V1. According to a witness, V2 had ran a red light.

### Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
GIBBONS JOHN P	43 HIGH ST S SPENCER MA 01562-1619		

### 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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/12/2024

Date