

Police Use Only			Commonwealth of Massachusetts										RMV Document Number												
Date of Crash 01/10/2025		Time of Crash 1846 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:																	
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 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 13 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-21-AC																	
License # 106546689 St CT DOB/Age 10/03/1975 Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator GIRARDIN, GARY O Address 250 RUKSTELLA RD City BROOKLYN State CT Zip 06234 Insurance Company ARBELLA INS Vehicle Travel Direction: N S X 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 # BP10120 Reg Type PC Reg State CT Veh Year 2024 Veh Make TOYOTA Veh Config. 1 Owner TOYOTA LEASE TRUST Address 3200 W RAY RD City CHANDLER State AZ Zip 85226 Vehicle Action Prior to Crash 2 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 99 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 5 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 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				X		X		1		1		4		0		0		10		1			
EMMA GIRARDIN		250 RUKSTELA RD BROOKLYN, CT 06234				06/30/2005		F		3		1		4		0		0		10		1			
								M		6		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 # S40317352 St MA DOB/Age 09/05/1957 Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator MARTENSEN, DALE LEE Address 26 DUDLEY AVE City WHITINSVILLE State MA Zip 01588-1506 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: N S X 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 # 2ENT43 Reg Type PC Reg State MA Veh Year 2021 Veh Make RAM Veh Config. 1 Owner MARTENSEN, DALE LEE Address 26 DUDLEY AVE City WHITINSVILLE State MA Zip 01588-1506 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 5 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 1 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33																			
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Operator/Occupants		See Above				X		X		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

Location of Crash: Arrow

Crash Narrative:

Vehicle one and two were driving east bound on Rt. 20 (public way). Vehicle one slowed in traffic in order to make a right hand turn onto Elm St. Vehicle two was following too closely, as a result vehicle two rear ended vehicle one. Both vehicles were able to drive away on their own. All parties declined medical attention.

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

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate Cargo Body Type Code GVWR/GCWR

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Patrolman Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/10/2025

Date