

| Police Use Only | | | Commonwealth of Massachusetts | | | | | RMV Document Number | | | | | | | |
|---|--|---|-------------------------------|----------------------------------|--|---|--|--|-------------------------|------------------------|---|--|--|--|---|
| Date of Crash 11/30/2024 | | Time of Crash 1253 24HR | | City/Town Auburn | | Motor Vehicle Crash Police Report | | | Number Vehicles 2 | Number Injured 0 | Speed Limit 45 Latitude Longitude | | State Police Local Police MBTA Police Campus Police Other: | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| AT INTERSECTION: | | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | | | | |
| <div>11</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>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>163 WASHINGTON ST</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>211</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div> | | | | | | | | | |
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| Please Select One of the Following: | | <input checked="" type="checkbox"/> Vehicle 12 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Crash Report ID# 24-425-AC | | | | | | | |
| License # SA5051929 St MA DOB/Age 08/12/2006 | | | | | | Reg # 5JGP28 Reg Type PC Reg State MA | | | | | | | | | |
| Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement | | | | | | Veh Year 2006 Veh Make FORD Veh Config. 1 21 | | | | | | | | | |
| Operator WALLIS, DYLAN DAKOTA Last First Middle | | | | | | Owner WALLIS, RHONDA J Last First Middle | | | | | | | | | |
| Address 303 KELLY RD | | | | | | Address 303 KELLY RD | | | | | | | | | |
| City NORTHBRIDGE State MA Zip 01534-1424 | | | | | | City NORTHBRIDGE State MA Zip 01534-1424 | | | | | | | | | |
| Insurance Company SAFETY INSURANCE COMPANY | | | | | | 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: 29 | | | | | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | Driver Contributing Code 19 25 25 BAC Test Result: 30 | | | | | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | Towed from scene? 2 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 | | | | | | | | | |
| DRAKE WALLIS 303 KELLY RD NORTHBRIDGE, MA 01534 | | | | | | 12/03/2004 M 11 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 # S08989047 St MA DOB/Age 08/05/1973 | | | | | | Reg # 4RBN15 Reg Type PC Reg State MA | | | | | | | | | |
| Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement | | | | | | Veh Year 2024 Veh Make NISSAN Veh Config. 1 21 | | | | | | | | | |
| Operator WILLIAMS, AVRILLE L Last First Middle | | | | | | Owner WILLIAMS, AVRILLE L Last First Middle | | | | | | | | | |
| Address 68 MILLBURY AVE APT 201D | | | | | | Address 68 MILLBURY AVE APT 201D | | | | | | | | | |
| City MILLBURY State MA Zip 01527-0000 | | | | | | City MILLBURY State MA Zip 01527-0000 | | | | | | | | | |
| Insurance Company THE STANDARD FIRE INSURAN | | | | | | Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27 | | | | | | | | | |
| Vehicle Travel Direction: N S E X Responding to Emergency? 2 | | | | | | Event Sequence 1 23 23 23 23 Test Status: 28 | | | | | | | | | |
| Citation # (If Issued) | | | | | | Most Harmful Event 1 24 Type of Test: 29 | | | | | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | Driver Contributing Code 1 25 25 BAC Test Result: 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? 2 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 | | | | | | | | | |
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→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

WASHINGTON ST @ #163



If Crash Did Not Occur on a Public Way:

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

↑ Arrow

Crash Narrative:

VEHICLE 2 WAS STOPPED IN SLOW MOVING TRAFFIC. VEHICLE ONE FAILED TO STOP IN TRAFFIC AND HIT THE REAR OF VEHICLE 2.

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 Brandyn J Geldart

Police Officer Name (Please Print)

Signature

86BG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/30/2024

Date