

Date of Crash **01/15/2025** Time of Crash **0831** 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:

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# **541** Direction \_\_\_\_\_ Address # **SOUTHBRIDGE ST** 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:  Vehicle **1** #Occupants  Hit/Run  Moped **Crash Report ID# 25-27-AC**

License # **S33652753** St **MA** DOB/Age **02/20/1944** Reg # **SN944** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2020** Veh Make **CHEVROLET** Veh Config. **1**

Operator **DOBLE, GERALD EUGENE** Owner **FLANAGAN, LYNNE ANN**

Address **176 RAMSHORN RD** Address **176 RAMSHORN RD**

City **CHARLTON** State **MA** Zip **01507-6540** City **CHARLTON** State **MA** Zip **01507-6540**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** Damaged Area Code: **5** Test Status: **1** Type of Test: **0** BAC Test Result: **1** Susp. Alcohol: **2** Susp. Drug: **2**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** Most Harmful Event **1** Driver Contributing Code **1** Driver Distracted by **0** Towed from scene? **2**

Please fill out for operator and all occupants involved		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
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

License # **SA5560568** St **MA** DOB/Age **09/16/1992** Reg # **2VHG66** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2015** Veh Make **NISSAN** Veh Config. **1**

Operator **FORD, JAMES JR** Owner **FORD, JAMES JR**

Address **35 EVERETT AVE APT 1** Address **35 EVERETT AVE APT 1**

City **WEBSTER** State **MA** Zip **01570-1942** City **WEBSTER** State **MA** Zip **01570-1942**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **2** Damaged Area Code: **1** Test Status: **1** Type of Test: **0** BAC Test Result: **1** Susp. Alcohol: **2** Susp. Drug: **2**

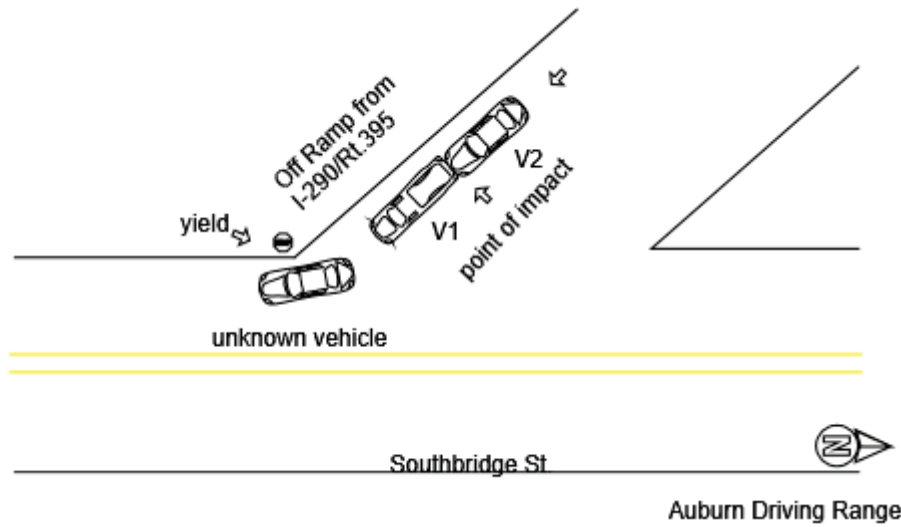
Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** Most Harmful Event **1** Driver Contributing Code **19** Driver Distracted by **0** Towed from scene? **2**

Please fill out for operator and all occupants involved		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
<b>Operator/Occupants</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>
			<b>M</b>	<b>6</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

→ = 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

Indicate Direction of Arrow



**Crash Narrative:**

Vehicle 1 was slowing to a stop (traveling southbound) as an unknown vehicle was also slowing to a stop from the off ramp from I-290/I-395 (state highway) merging onto Southbridge St. (public way). Vehicle 2 was slowing, although struck Vehicle 1 (rear end collision). No injuries to report and no tows needed.

**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 Derek P Courchaine

Police Officer Name (Please Print)

Signature

75DC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/15/2025

Date