

Date of Crash **01/14/2025** Time of Crash **0915** 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# **436** 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 **12** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **25-26-AC**

License # **S36481274** St **MA** DOB/Age **04/29/1998** Reg # **6FEJ47** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2016** Veh Make **KIA** Veh Config. **10 21**

Operator **ANDERSON, QUINN KAITLYN** Owner **ANDERSON, QUINN KAITLYN**

Address **91 PINE ST APT 1** Address **91 PINE ST APT 1**

City **SOUTHBRIDGE** State **MA** Zip **01550-5805** City **SOUTHBRIDGE** State **MA** Zip **01550-5805**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 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 **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**

Towed from scene? **2 33**

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
Operator	See Above	XXXXXX	X	1	1	4	0	0	10	1	
			F	6	0	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # **S66970645** St **MA** DOB/Age **01/01/1945** Reg # **952XGV** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1 21**

Operator **BEMBENEK, BARBARA ANN** Owner **BEMBENEK, BARBARA ANN**

Address **5 BEACH ST** Address **5 BEACH ST**

City **WEBSTER** State **MA** Zip **01570-3579** City **WEBSTER** State **MA** Zip **01570-3579**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **3 22** Damaged Area Code: **8 27 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 **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**

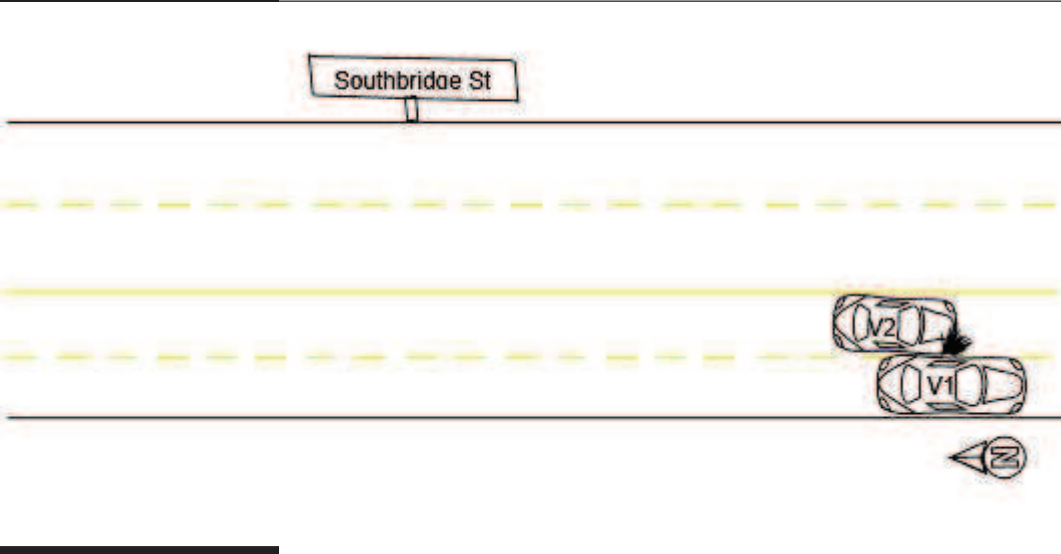
Towed from scene? **2 33**

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
Operator/Occupants	See Above	XXXXXX	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

I ... Arrow



Crash Narrative:

At approximately 0915 hours, on 01/14/2025, The Auburn Police Department received a 911 call for a 2-car motor vehicle accident in the area of 436 Southbridge St, Auburn, MA. I arrived on scene at approximately 0920hours. Upon arrival I spoke with the Operator of Vehicle: 1 (V1) whom advised she was in the left travel lane traveling Southbound on Southbridge St. V1 stated she was attempting to take a right-hand turn into the parking lot of 436 Southbridge St. V1 turned into the right travel lane and struck V2.

I spoke with the Operator of Vehicle: 2 (V2) whom advised she was traveling Southbound on Southbridge St and was struck be V1. All involved parties declined seeking medical attention at the time of the accident.

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 Jordan D Ryan

Police Officer Name (Please Print)

Signature

90JR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/14/2025

Date