

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 10/12/2024		Time of Crash 1151 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 0		Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
AUBURN ST																	
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At																	
OXFORD STREET NO						Feet N S E W of . or Exit Number											
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with																	
Route# Direction Name of Intersecting Roadway/Street						Landmark											
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# 24-355-AC									
License # Y3969726 St CA DOB/Age 03/31/2000						Reg # 7SSM586 Reg Type PAN Reg State CA											
Sex U Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2015 Veh Make MITSUBISHI Veh Config. 1											
Operator FLUTE, JULIANNA M						Owner FLUTE, NATALIE MARIE											
Address 25060 HANCOCK AVE						Address 25060 HANCOCK AVE											
City MURRIETA State CA Zip 92563						City MURRIETA State CA Zip 92563											
Insurance Company USAA						Vehicle Action Prior to Crash 4						Damaged Area Code: 8 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 4 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											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 23 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
License # S29908851 St MA DOB/Age 07/20/1993						Reg # 2VFV76 Reg Type PAN Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2014 Veh Make HONDA Veh Config. 1											
Operator DIPADUA, FRANK						Owner DIPADUA, FRANK											
Address 5 H WILSON RD APT G						Address 5 H WILSON RD APT G											
City SPENCER State MA Zip 01562-2825						City SPENCER State MA Zip 01562-2825											
Insurance Company ALLSTATE INSURANCE COMPAN						Vehicle Action Prior to Crash 4						Damaged Area Code: 6 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: 29					
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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											
						1 1 4 0 0 10 1											
						1 1 4 0 0 10 1											

