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|--|--|---|-------------------------------|---|--|--|--|--|--|-------------------------|------------------------|-------------------|---------------------|--|--|---|--|------------------|--|------------------|--|---------------|--|--------------|--|------------------|--|-----------------|--|------------------|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | | | | | | | RMV Document Number | | | | | | | | | | | | | | | | | | |
| Date of Crash 09/23/2024 | | Time of Crash 2241 24HR | | 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: | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | |
| AT INTERSECTION: | | | | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | | | | | | | | | | | | | | | | | | |
| 12 SOUTHBRIDGE ST Route# Direction Name of Roadway/Street | | | | | | Route# Direction Address # Name of Roadway/Street | | | | | | | | | | | | | | | | | | | | | | | | | |
| At | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 WASHINGTON ST Route# Direction Name of Intersecting Roadway/Street | | | | | | Feet N S E W of . or Exit Number | | | | | | | | | | | | | | | | | | | | | | | | | |
| Also at Intersection with | | | | | | Feet N S E W of Route# Intersecting Roadway/Street | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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# 24-327-AC | | | | | | | | | | | | | | | | | | | | | | | |
| License # M11287406409892 St NJ DOB/Age 09/18/1989 | | | | | | Reg # G30TAP Reg Type TRN Reg State NJ | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement | | | | | | Veh Year 2016 Veh Make Utility Trailer Veh Config. 8 21 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operator MCCABE, THOMAS D Last First Middle | | | | | | Owner MCCABE, THOMAS D Last First Middle | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address 56 MINNISINK RD | | | | | | Address 56 MINNISINK RD | | | | | | | | | | | | | | | | | | | | | | | | | |
| City LAKE HOPATCONG State NJ Zip 07849 | | | | | | City LAKE HOPATCONG State NJ Zip 07849 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance Company ALL STATE | | | | | | Vehicle Action Prior to Crash 2 22 Damaged Area Code: 6 27 1 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: 0 29 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | BAC Test Result: 1 30 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Susp. Alcohol: 2 31 Susp. Drug: 2 32 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver Contributing Code 1 25 25 | | | | | | Towed from scene? 1 33 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver Distracted by 0 26 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | 0 | | 99 | | 99 | | 99 | | 99 | | 1 | | | |
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| Please Select One of the Following: | | <input type="checkbox"/> Vehicle 21 #Occupants | | <input checked="" type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. | | | | | | | | | | | | | | | | | | | | | | | |
| License # St DOB/Age | | | | | | Reg # unknown Reg Type Reg State | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement | | | | | | Veh Year Veh Make Veh Config. 21 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operator unknown Last First Middle | | | | | | Owner Last First Middle | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | Address | | | | | | | | | | | | | | | | | | | | | | | | | |
| City State Zip | | | | | | City State Zip | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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? | | | | | | Event Sequence 1 23 23 23 23 Test Status: 99 28 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Citation # (If Issued) | | | | | | Most Harmful Event 1 24 Type of Test: 0 29 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | BAC Test Result: 1 30 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Susp. Alcohol: 99 31 Susp. Drug: 99 32 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver Contributing Code 99 25 25 | | | | | | Towed from scene? 99 33 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver Distracted by 99 26 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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/Occupants | | | | | | See Above | | | | | | X | | X | | 1 | | | | | | | | | | | | | | | |
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→ = 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

↑ Arrow



Crash Narrative:

Vehicle 1 stopped at light. Vehicle 2 struck rear of vehicle 1. Vehicle 2 continued without stopping onto Route 20 WB. Vehicle 1 pulled into parking lot. EMS declined by all parties on scene. Vehicle 1 towed from scene.

Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|--------------------------|---|---------|-----------|
| MCCABE JENNIFER | 56 MINNISINK RD LAKE HOPATCONG NJ 07849 | | |
| | | | |

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 Dominick Boschetto

Police Officer Name (Please Print)

Signature

91DB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/23/2024

Date