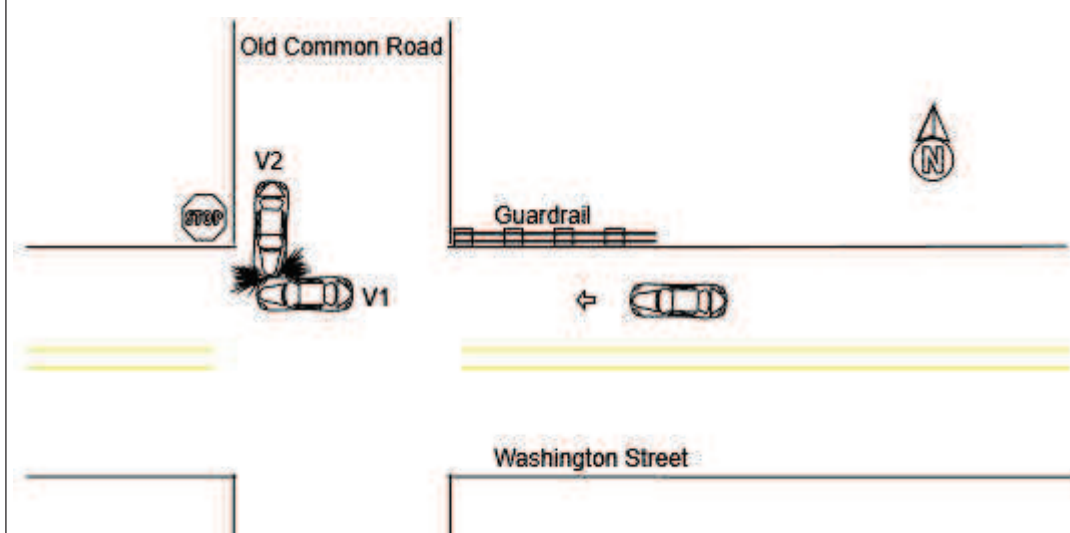


Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 12/25/2024		Time of Crash 1750 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 50		State Police Local Police MBTA Police Campus Police Other:										
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
Route# Direction OLD COMMON RD Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																	
At						Feet N S E W of or Mile Marker Exit Number																	
Route# Direction WASHINGTON ST Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street																	
Also at Intersection with						Feet N S E W of Landmark																	
Route# Direction Name of Intersecting Roadway/Street																							
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# 24-468-AC															
License # S33005278 St MA DOB/Age 01/06/1948						Reg # 2ZNX50 Reg Type PC Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2021 Veh Make SUBARU Veh Config. 1 21																	
Operator JACKSON, DOLORES BERNADETTE Last First Middle						Owner JACKSON, DOLORES BERNADETTE Last First Middle																	
Address 11 PROSPECT ST						Address 11 PROSPECT ST																	
City NORTH GRAFTON State MA Zip 01536-1820						City NORTH GRAFTON State MA Zip 01536-1820																	
Insurance Company FARMERS PROPERTY & CASUAL						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 3 27 27																	
Vehicle Travel Direction: N S X 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																	
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		X		X		1		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 # S93742918 St MA DOB/Age 01/12/1956						Reg # 2RXE97 Reg Type PC Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2014 Veh Make VOLKSWAGEN Veh Config. 1 21																	
Operator CAMPANALE, DEBRA ANN Last First Middle						Owner CAMPANALE, DEBRA ANN Last First Middle																	
Address 8 SCHOOL ST						Address 8 SCHOOL ST																	
City AUBURN State MA Zip 01501-2908						City AUBURN State MA Zip 01501-2908																	
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 6 22 Damaged Area Code: 2 27 1 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 18 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																	
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		X		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

Indicate Direction of Travel with Arrow



Crash Narrative:

V1 was traveling east on Washington Street. V2 attempted to enter onto Washington Street but could not see the eastbound lane due to a guardrail. V2 crept past the stop line to see if anyone was coming. V2 crashed into the front side of V1.

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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/25/2024

Date