

| | | | | | | | |
|-----------------------------|-------------------------------|---------------------|--|----------------------|---------------------|--|---|
| Date of Crash 01/08/2025 | Time of Crash 1422 24HR | City/Town Auburn | Motor Vehicle Crash Police Report | Number Vehicles 2 | Number Injured 0 | Speed Limit <u>40</u> Latitude _____ Longitude _____ | State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____ |
|-----------------------------|-------------------------------|---------------------|--|----------------------|---------------------|--|---|

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

| | |
|---|---|
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | <u>12</u> <u>N</u> <u>741</u> <u>SOUTHBRIDGE ST</u> Route# Direction Address # Name of Roadway/Street |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____ |

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **25-14-AC**

| | | |
|--|---|---|
| License # <u>S50565221</u> St <u>MA</u> DOB/Age <u>08/26/1974</u> Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>LOVELY, KRISTEN E</u> Address <u>36 HIGHLAND ST</u> City <u>AUBURN</u> State <u>MA</u> Zip <u>01501-2011</u> Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</u> | Reg # <u>1LEM39</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>KIA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>LOVELY, SEAN M SR</u> Address <u>36 HIGHLAND ST</u> City <u>AUBURN</u> State <u>MA</u> Zip <u>01501-2011</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> | Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Test Status: <u>1</u> <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>30</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u> |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> | | |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | | |

| 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 | _____ | _____ | <u>1</u> | <u>1</u> | <u>4</u> | <u>0</u> | <u>0</u> | <u>10</u> | <u>1</u> | |
| _____ | _____ | _____ | <u>F</u> | <u>3</u> | <u>1</u> | <u>4</u> | <u>0</u> | <u>0</u> | <u>10</u> | <u>1</u> | |

Please Select One of the Following: Vehicle 22 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

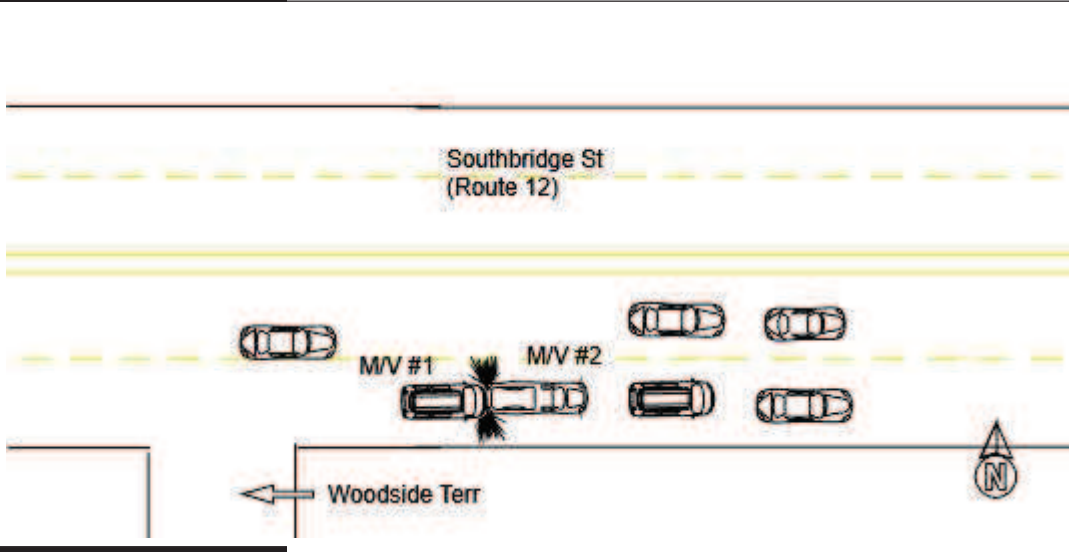
| | | |
|---|---|---|
| License # <u>S70968032</u> St <u>MA</u> DOB/Age <u>10/16/1943</u> Sex <u>M</u> Lic. Class <u>A</u> <u>19</u> <u>19</u> Lic. Restrictions <u>M</u> <u>20</u> CDL <u>N</u> Operator <u>LAWLESS, EDWIN RUSSELL</u> Address <u>6 AMHERST DR</u> City <u>MILFORD</u> State <u>MA</u> Zip <u>01757-1812</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> | Reg # <u>VT17060</u> Reg Type <u>PAS</u> Reg State <u>MA</u> Veh Year <u>2010</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> <u>21</u> Owner <u>LAWLESS, EDWIN RUSSELL</u> Address <u>6 AMHERST DR</u> City <u>MILFORD</u> State <u>MA</u> Zip <u>01757-1812</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> | Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u> Test Status: <u>1</u> <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>30</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u> |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> | | |
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| 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 | _____ | _____ | <u>1</u> | <u>1</u> | <u>4</u> | <u>0</u> | <u>0</u> | <u>10</u> | <u>1</u> | |
| MARTHA CAPOCCIA | 43 VIRGINIA DR ROCHDALE, MA 01542-1201 | 12/18/1959 | <u>F</u> | <u>3</u> | <u>1</u> | <u>4</u> | <u>0</u> | <u>0</u> | <u>10</u> | <u>1</u> | |

→ = 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:

Both M/V's traveling northbound on Southbridge Street in the right travel lane. Traffic ahead came to a sudden stop. Operator of #1 was unable to stop in time and struck the rear of #2. Both operator's stated the traffic came to a sudden stop due to a vehicle accessing a driveway.

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 Daniel P Dyson 73DD Auburn Police Department 01/08/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date