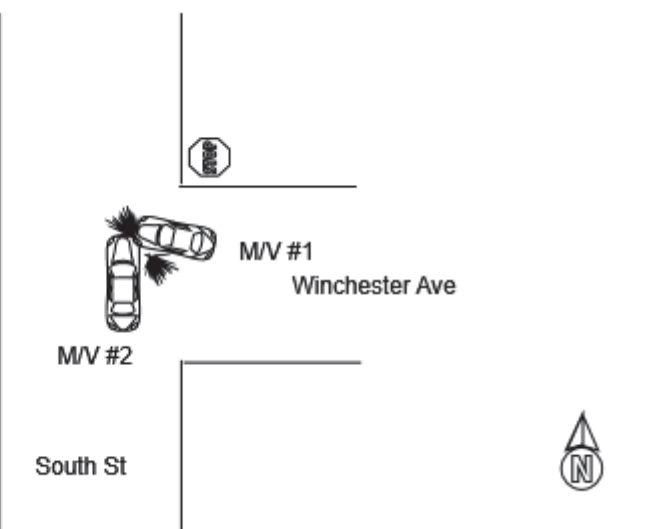



Police Use Only			Commonwealth of Massachusetts						RMV Document Number					
Date of Crash 11/19/2024		Time of Crash 1702 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
Route# Direction SOUTH ST						Route# Direction Address # Name of Roadway/Street								
At						Feet N S E W of or Mile Marker Exit Number								
Route# Direction WINCHESTER AVE						Feet N S E W of Route# Intersecting Roadway/Street								
Name of Intersecting Roadway/Street						Landmark								
Also at Intersection with														
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# 24-412-AC						
License # S84080338 St MA DOB/Age 02/22/1993						Reg # 5EAY94 Reg Type PAN Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2012 Veh Make VOLKSWAGEN Veh Config. 1 21								
Operator BULL, DOMONIQUE QUIAVA						Owner BULL, DOMONIQUE QUIAVA								
Address 62 VALE ST						Address 62 VALE ST								
City WORCESTER State MA Zip 01604-5377						City WORCESTER State MA Zip 01604-5377								
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 3 22								
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 40 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 4 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26								
Please fill out for operator and all occupants involved						Damaged Area Code: 8 27 1 27 2 27								
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						Test Status: 1 28								
Operator See Above						Type of Test: 29								
						BAC Test Result: 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 32								
						Towed from scene? 1 33								
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 # S88309252 St MA DOB/Age 06/08/1971						Reg # 312NM2 Reg Type PAN Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2009 Veh Make HONDA Veh Config. 1 21								
Operator KELLY, BRYAN J						Owner KELLY, BRYAN J								
Address 678 MAIN ST						Address 678 MAIN ST								
City NORTH OXFORD State MA Zip 01537-1304						City NORTH OXFORD State MA Zip 01537-1304								
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 40 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26								
Please fill out for operator and all occupants involved						Damaged Area Code: 2 27 27 27								
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						Test Status: 1 28								
Operator/Occupants See Above						Type of Test: 29								
						BAC Test Result: 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 32								
						Towed from scene? 1 33								

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

	If Crash <u>Did Not</u> Occur on a Public Way: <input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way
	Initials Arrow 

Crash Narrative:

M/V #2 was traveling northbound on South Street. M/V #1 was pulling from Winchester Ave and attempting to turn right onto South Street when the M/V's collided. Both M/V's were directed off the right side of the road.

Operator of #1 stated M/V #2 had his right directional on and believed he was turning onto Winchester Ave.

Operator of #2 stated he was traveling straight ahead and heading towards the Rt. 12 area to pick up food and would have no reason to turn down Winchester. He also stated he did not see M/V #1 pulling out and was initially confused as to what he hit.

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

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/19/2024

Date