

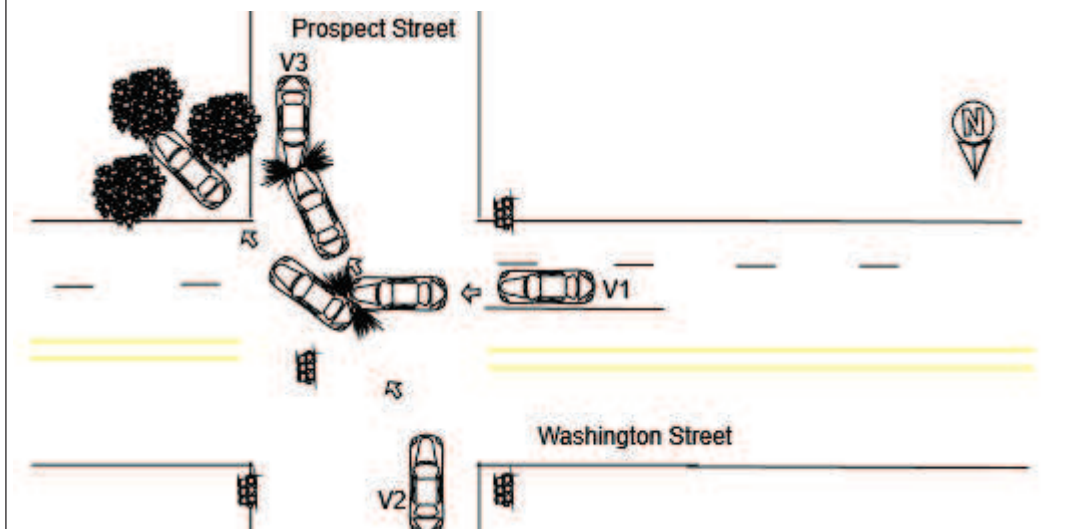
Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 12/25/2024		Time of Crash 1834 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 3		Number Injured 0		Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
WASHINGTON ST																	
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of or Mile Marker Exit Number											
PROSPECT ST																	
Route# Direction 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											
Route# Direction Name of Intersecting Roadway/Street						Landmark											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 13 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-469-AC									
License # 238566655 St CT DOB/Age 11/13/1970						Reg # 624XDK Reg Type PAN Reg State CT											
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2023 Veh Make TOYOTA Veh Config. 1 21											
Operator CIEPLIK, JULIE RAE						Owner CIEPLIK, JULIE RAE											
Address 44 WOODSIDE RD						Address 44 WOODSIDE RD											
City GUILFORD State CT Zip 06437						City GUILFORD State CT Zip 06437											
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 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? 1 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																	
PAUL MACARI 260 S BROOKSVALE RD CHESHIRE, CT 06410						04/16/1963 M 4 1 2 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 # S59219038 St MA DOB/Age 11/11/1958						Reg # 3PYY23 Reg Type PC Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2016 Veh Make FIAT Veh Config. 1 21											
Operator BLANCHETTE, THOMAS						Owner BLANCHETTE, LINDA L											
Address 100 SUMMER ST APT 217						Address 100 SUMMER ST APT 217											
City HOLLISTON State MA Zip 01746-2265						City HOLLISTON State MA Zip 01746-2265											
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 4 22 Damaged Area Code: 11 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: 0 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 3 25 25 BAC Test Result: 1 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? 1 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																	

Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
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AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
WASHINGTON ST																
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street										
At																
PROSPECT ST																
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of or Mile Marker Exit Number										
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street										
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Landmark										
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 32 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-469-AC								
License # S71541500 St MA DOB/Age 12/30/1947						Reg # BS66096 Reg Type PC Reg State CT										
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2022 Veh Make DODGE Veh Config. 1 21										
Operator RILEY, SUSAN CAROL						Owner EAN HOLDINGS LLC										
Last First Middle						Last First Middle										
Address 286 CARROLL ST						Address 14002 E 21ST ST APT 1500										
City NEW BEDFORD State MA Zip 02740-1413						City TULSA State OK Zip 74134										
Insurance Company MAPFRE						Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 27 27 27										
Vehicle Travel Direction: X S 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 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? 1 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 1 0 0 10 1										
DOUGLAS RILEY 286 CARROLL ST NEW BEDFORD, MA 02740-1413						11/14/1941 M 1 1 1 0 0 10 1										
Please Select One of the Following:		<input type="checkbox"/> Vehicle 4 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.								
License # St DOB/Age						Reg # Reg Type Reg State										
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21										
Operator						Owner										
Last First Middle						Last First Middle										
Address						Address										
City State Zip						City State Zip										
Insurance Company						Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27										
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23 Test Status: 28										
Citation # (If Issued)						Most Harmful Event 24 Type of Test: 29										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25 BAC Test Result: 30										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32										
Please fill out for operator and all occupants involved						Towed from scene? 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						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

↓ Arrow

Crash Narrative:

V1 was traveling eastbound on Washington Street. V2 advanced through the redlight at Prospect Street at Washington Street. V1 crashed into V2 causing the vehicle to spin. V2 came to a stop in the woodline. Due to the crash of V1 and V2, V1 redirected and crashed into V3 head on. V3 was stopped at a redlight.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CLINTON DAMIEN RICHARD	9 PINE ST Apt. #1 DUDLEY MA 01571-3528		

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