

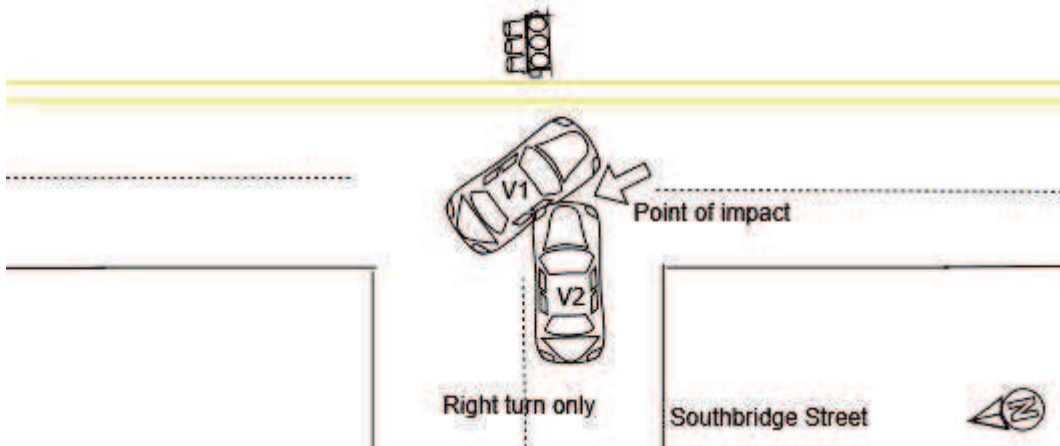
Police Use Only			Commonwealth of Massachusetts						RMV Document Number					
Date of Crash 12/14/2024		Time of Crash 2008 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
SOUTHBRIDGE ST														
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street								
At														
WASHINGTON 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 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-451-AC						
License # S20253721 St MA DOB/Age 09/30/1948						Reg # PAED1 Reg Type PC Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2012 Veh Make CHEVROLET Veh Config. 1 21								
Operator MCDONALD, EDGAR III						Owner MCDONALD, EDGAR III								
Address 35 PAIGE LN						Address 35 PAIGE LN								
City OXFORD State MA Zip 01540-1517						City OXFORD State MA Zip 01540-1517								
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 3 22								
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 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						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								
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 # S46485725 St MA DOB/Age 07/12/1968						Reg # 2YTM19 Reg Type PC Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2018 Veh Make CADILLAC Veh Config. 1 21								
Operator QUINN, RENITA L						Owner QUINN, JAMES MICHAEL JR								
Address 1038 REED ST						Address 1038 REED ST								
City WEST WARREN State MA Zip 01092-5054						City WEST WARREN State MA Zip 01092-5054								
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued) 067150AD						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 10 25 1 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26								
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								

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Washington Street



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Impact Arrow



Crash Narrative:

V1 and V2 were travelling southbound on Southbridge St. As the approached the intersection at Washington St. and Southbridge St. V1 was in the process of making a right hand turn, while V2 continued straight ahead and crashed into the side of V1. Both vehicles were in right turn only lanes. V2 failed to follow the roadway and failed to maintain their lane. Operator of V2 was arrested on scene for operating under the influence of alcohol. (Please refer to 24-353-AR)

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 Jason P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/14/2024

Date