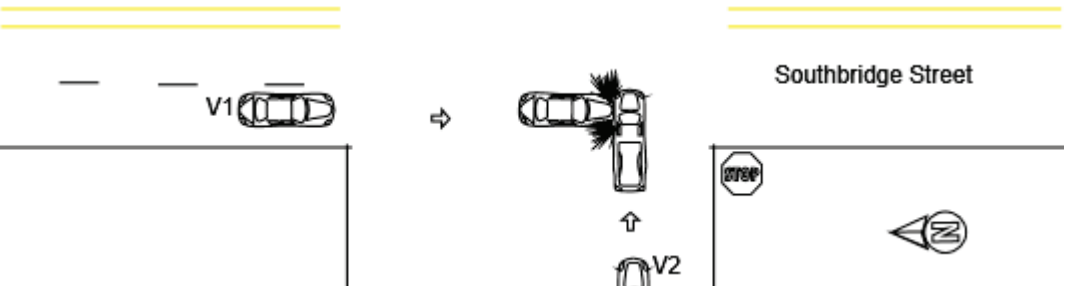



Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 10/12/2024		Time of Crash 1520 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction SOUTHBRIDGE ST 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 WATER 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											
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# 24-357-AC									
License # S86827688 St MA DOB/Age 03/24/1959						Reg # 4CB331 Reg Type PC Reg State MA											
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2022 Veh Make NISSAN Veh Config. 1 21											
Operator KADY, DIANE A Last First Middle						Owner KADY, DIANE A Last First Middle											
Address 102 CRANBERRY MEADOW RD						Address 102 CRANBERRY MEADOW RD											
City SPENCER State MA Zip 01562-3004						City SPENCER State MA Zip 01562-3004											
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 1 27 3 27 10 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 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		X		X		1	1	3	0	0	10	1			

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

### Crash Diagram:

ie: ➔ 1 ➔ 2 ➔ ○ ➔ ○

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

### Crash Narrative:

V1 was traveling southbound on Southbridge Street. V2 came to a complete stop at the stop sign on Water Street and then attempted to enter Southbridge Street. Due to V2 pulling out of Water Street, V1 crashed in V2.

"Motorola Watchguard camera footage is available from members of the Auburn Police Department who were involved in this call. Interviews and interactions that were preserved in other formats may be summarized in this report and should be reviewed independently for complete details. This report does not include a complete verbatim transcription of information discussed. It contains the pertinent portions relevant to this investigation, which may not be in the exact order of the event."

### 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

10/12/2024

Date