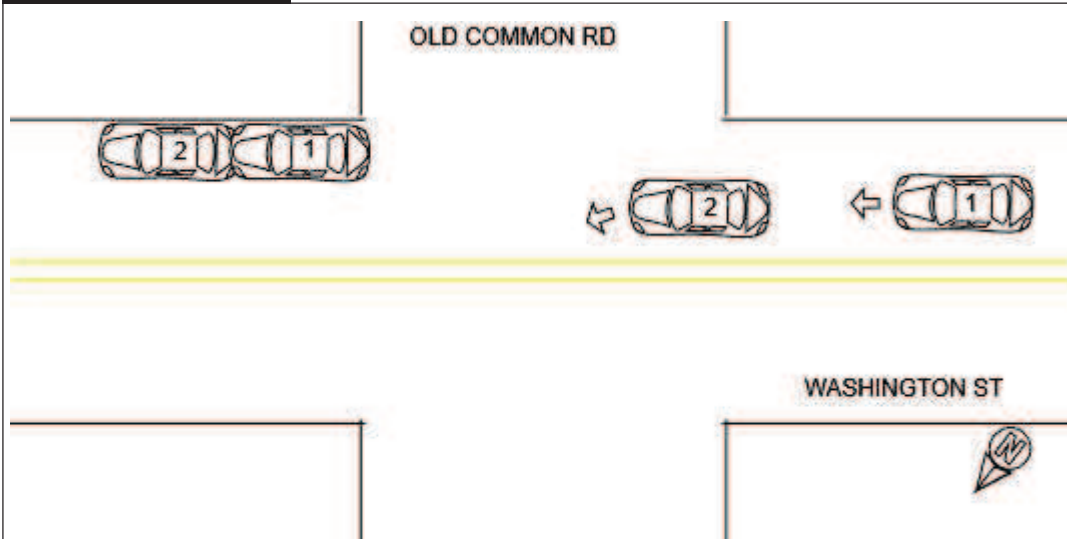


Police Use Only			Commonwealth of Massachusetts										RMV Document Number												
Date of Crash 12/15/2024		Time of Crash 1258 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 50		State Police <input type="checkbox"/>		Local Police <input checked="" type="checkbox"/>		MBTA Police <input type="checkbox"/>		Campus Police <input type="checkbox"/>		Other: <input type="checkbox"/>			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																	
20 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																			
OLD COMMON RD 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 Landmark																			
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# 24-453-AC															
License # S11024666 St MA DOB/Age 07/07/1939						Reg # 7FY939 Reg Type PAN Reg State MA																			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2018 Veh Make BMW Veh Config. 2 21																			
Operator AARONSON, MARK J Last First Middle						Owner AARONSON REALTY CORP Last First Middle																			
Address 9 BELLA ROSA DR BLDG APT 9						Address BX 66 95 W MAIN ST																			
City MILLBURY State MA Zip 01527-1452						City MILLBURY State MA Zip 01527-1936																			
Insurance Company SELECTIVE INSURANCE COMPA						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						BAC Test Result: 1 30																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 99 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32																			
Driver Distracted by 99 26 26						Towed from scene? 2 33																			
Please fill out for operator and all occupants involved																									
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	4	0	0	10	1				
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.															
License # S74109276 St MA DOB/Age 07/05/1980						Reg # 3YHA67 Reg Type PAN Reg State MA																			
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2020 Veh Make NISSAN Veh Config. 2 21																			
Operator KENOL, KARLA KEONNA Last First Middle						Owner KENOL, KARLA KEONNA Last First Middle																			
Address 66 OLD SOUTHBRIDGE RD						Address 66 OLD SOUTHBRIDGE RD																			
City DUDLEY State MA Zip 01571-6824						City DUDLEY State MA Zip 01571-6824																			
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 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																			
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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						X		X	1	1	4	0	0	10	1				
[REDACTED]						[REDACTED]						[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]				

→ = 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:

Vehicle 1 was traveling eastbound on Washington St. Vehicle 2 was stopped at the intersection of Washington St. and Old Common Rd waiting to turn left. Vehicle 1 struck the rear of vehicle 2 and pushed vehicle 2 through the intersection. Both vehicles came to rest just past the intersection of Old Common Rd. Both vehicles were driven from the scene. The passenger of Vehicle 2 got evaluated by EMS and refused transport.

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 Dominick Boschetto

Police Officer Name (Please Print)

Signature

91DB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/15/2024

Date