

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 01/29/2025		Time of Crash 1845 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:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction WEST ST						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of . or Exit Number											
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# 25-44-AC									
License # S44946657 St MA DOB/Age 12/05/1994						Reg # 7PAA50 Reg Type PC Reg State MA											
Sex F		Lic. Class D 19 19		Lic. Restrictions 20		CDL		Veh Year 2014		Veh Make SUBARU		Veh Config. 1					
Operator FORT, AMANDA MARIE						Owner FORT, AMANDA MARIE											
Address 124 BUSHY LN						Address 124 BUSHY LN											
City RUTLAND State MA Zip 01543-2025						City RUTLAND State MA Zip 01543-2025											
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 2						Damaged Area Code: 5					
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 28					
Citation # (If Issued)						Most Harmful Event 1 24						Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 31 Susp. Drug: 32					
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 type="checkbox"/> Vehicle 21 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
License # St DOB/Age						Reg # unknown Reg Type Reg State											
Sex		Lic. Class 19 19		Lic. Restrictions 20		CDL		Veh Year		Veh Make		Veh Config. 21					
Operator unknown						Owner											
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						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 → ○ → ○

Rochdale St

West Street

V1

Suspect Car

If Crash Did Not Occur on a Public Way:

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

Indicate Direction of Travel with Arrow

Crash Narrative:

On Wednesday January 29th, 2025 at 6:45pm, I responded to the intersection of West Street at Rochdale Street (both public ways in the Town of Auburn) for a hit and run motor vehicle crash.

Upon my arrival, I met the caller, Amanda Fort, who was parked on the side of the road in her vehicle, MA 7PAA50 a Gray 2014 Subaru. Amanda stated that she was stopped at the stop sign on West Street and waiting to enter onto Rochdale Street when she was struck from behind. The suspect vehicle then drove away towards Leicester, failing to stop and identify themselves.

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 Matthew Laskes

Police Officer Name (Please Print)

Signature

72ML

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/29/2025

Date