

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
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License # S75953491 St MA DOB/Age 05/18/1965 Sex M Lic. Class 19 19 D Lic. Restrictions 20 CDL Endorsement Operator WELCH, PETER T Last First Middle Address 4 LESLIE LN City STURBRIDGE State MA Zip 01566-1238 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 2WEV19 Reg Type PC Reg State MA Veh Year 2025 Veh Make HONDA Veh Config. 1 21 Owner WELCH, PETER T Last First Middle Address 4 LESLIE LN City STURBRIDGE State MA Zip 01566-1238 Vehicle Action Prior to Crash 2 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 6 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33											
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License # S50786982 St MA DOB/Age 08/02/1989 Sex F Lic. Class 19 19 B M Lic. Restrictions M 20 CDL S Operator CLARK, SHAELYN MARIE Last First Middle Address 7 VINCENT ST City AUBURN State MA Zip 01501-1618 Insurance Company NEW YORK MARINE AND GENER Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # SB1A8GB Reg Type SB Reg State MA Veh Year 2023 Veh Make Veh Config. 4 21 Owner A A TRANSPORTATION CO INC Last First Middle Address 605 HARTFORD TPKE City SHREWSBURY State MA Zip 01545-4103 Vehicle Action Prior to Crash 3 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 19 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 99 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33											
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						<div>21</div> <div>License # S50786982 St MA DOB/Age 08/02/1989</div> <div>Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement</div> <div>Operator CLARK, SHAELYN MARIE Last First Middle</div> <div>Address 7 VINCENT ST</div> <div>City AUBURN State MA Zip 01501-1618</div> <div>Insurance Company</div> <div>Vehicle Travel Direction: N S E W Responding to Emergency?</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>112</div> <div>Reg # SB1A8GB Reg Type SB Reg State MA</div> <div>Veh Year Veh Make Veh Config. 21</div> <div>Owner A A TRANSPORTATION CO INC Last First Middle</div> <div>Address 605 HARTFORD TPKE</div> <div>City SHREWSBURY State MA Zip 01545-4103</div> <div>Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27</div> <div>Event Sequence 23 23 23 23 Test Status: 28</div> <div>Most Harmful Event 24 Type of Test: 29</div> <div>Driver Contributing Code 25 25 BAC Test Result: 30</div> <div>Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32</div> <div>Towed from scene? 2 33</div>																																																																	
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→ = 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

Intersection Arrow



Crash Narrative:

Vehicle one was stopped in traffic while traveling westbound on Rt. 20 (public way) in the left hand travel lane. Vehicle two was turning right from Faith Ave onto Rt. 20 westbound (both public ways). Vehicle two was attempting to enter the left turn lane, while doing so vehicle two collided with vehicle one.

Vehicle one declined medical attention. Vehicle two was a fully loaded school bus with children on board. One child was evaluated by the fire department, cleared with a refusal. All other occupants declined medical attention.

Both vehicles were able to be driven on their own.

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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/18/2025

Date