

[illegible]

→ = 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

Pinrock Rd

M/V #1



Pedestrian



↑ Arrow



### Crash Narrative:

M/V traveling east on Pinrock Rd. Resident attempted to flag him down. Operator swerved around resident and ran over the pedestrians foot before fleeing the area.

### Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
GASPIE TERRY RICHARD	22 PINROCK RD AUBURN MA 01501-2120		

### 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 Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/04/2025

Date

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User		Type	Action		Location							
		<b>1</b> VU1	<b>2</b> VU2		<b>8</b> VU3							

VU: GASPIE, CAMRYN NOVALEE  

Last
First
Middle

Address 22 PINROCK RD

City AUBURN State MA Zip 01501

License # S51929731 St MA DOB/Age 05/18/2000

Traffic Control Device **0** VU4

Origin/Destination **97** VU5

Contact Point: **03** VU6

Diagram for VU6

Primary Injury Area: **4** VU7

Event Sequence **5** VU8 **VU8** **VU8** **VU8**

Contributing Code **13** VU9 **VU9**

Distracted by **1** VU10 **VU10**

Test Status: **1** VU11

Type of Test: **VU12**

BAC Test Result: **VU13**

Susp. Alcohol: **2** VU14

Susp. Drug: **2** VU15

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User	<b>F</b>	<b>97</b>	<b>99</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>0</b>	

Vulnerable User		Type	Action		Location							
		<b>VU1</b>	<b>VU2</b>		<b>VU3</b>							

VU: \_\_\_\_\_  

Last
First
Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_

Traffic Control Device **VU4**

Origin/Destination **VU5**

Contact Point: **VU6**

Diagram for VU6

Primary Injury Area: **VU7**

Event Sequence **VU8** **VU8** **VU8** **VU8**

Contributing Code **VU9** **VU9**

Distracted by **VU10** **VU10**

Test Status: **VU11**

Type of Test: **VU12**

BAC Test Result: **VU13**

Susp. Alcohol: **VU14**

Susp. Drug: **VU15**

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

Vulnerable User		Type	Action		Location							
		<b>VU1</b>	<b>VU2</b>		<b>VU3</b>							

VU: \_\_\_\_\_  

Last
First
Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_

Traffic Control Device **VU4**

Origin/Destination **VU5**

Contact Point: **VU6**

Diagram for VU6

Primary Injury Area: **VU7**

Event Sequence **VU8** **VU8** **VU8** **VU8**

Contributing Code **VU9** **VU9**

Distracted by **VU10** **VU10**

Test Status: **VU11**

Type of Test: **VU12**

BAC Test Result: **VU13**

Susp. Alcohol: **VU14**

Susp. Drug: **VU15**

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								