

Date of Crash **02/13/2025** Time of Crash **1822** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **5** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# **385** Direction _____ Address # **SOUTHBRIDGE ST** Name of Roadway/Street _____
 _____ Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____
 _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **25-62-AC**

License # _____ St. _____ DOB/Age _____ Reg # **4ZJK12** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2008** Veh Make **JEEP** Veh Config. **1**
 Operator _____ Owner **PHAN, TUAN ANH**
 Address _____ Address **8C LUDLOW ST**
 City _____ State **MA** Zip **01603-1122**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **4**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Damaged Area Code: **0 27 27 27**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Test Status: **1 28**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **12 25 25** Type of Test: **0 29**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99 26 26** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33** 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	X	X	1	99	4	0	0	10	1

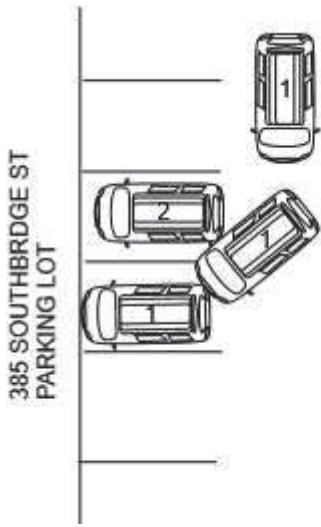
Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____ Reg # **3LX424** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2015** Veh Make **HONDA** Veh Config. **1**
 Operator **Driverless M.V.** Owner **YOUNG, ANTONIA SOARES**
 Address _____ Address **5 MAY BROOK RD**
 City _____ State **MA** Zip **01521-2017**
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **11**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **1 23 23 23 23** Damaged Area Code: **6 27 27 27**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Test Status: **1 28**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** Type of Test: **29**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33** Susp. Alcohol: **2 31** Susp. Drug: **2 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	X	X	1	99	4	0	0	10	1

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate Direction of Traffic with Arrow



Crash Narrative:

VEHICLE ONE WAS ATTEMPTING TO PULL INTO A PARKING SPOT IN THE PARKING LOT. VEHICLE ONE STRUCK THE REAR DRIVER SIDE OF VEHICLE 2.

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 Brandyn J Geldart 86BG Auburn Police Department 02/13/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date