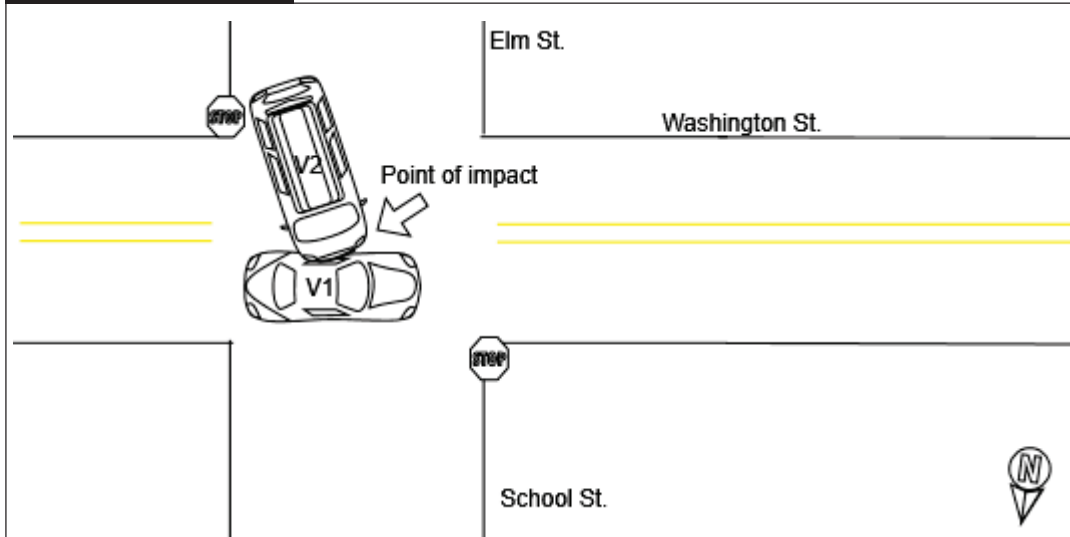


Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 02/14/2025		Time of Crash 1846 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 3	Speed Limit 50		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >			NOT AT INTERSECTION:							
WASHINGTON ST														
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street								
At														
SCHOOL ST														
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of or Mile Marker Exit Number								
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Landmark								
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-66-AC						
License # S38631383 St MA DOB/Age 01/03/1994						Reg # 3XKY21 Reg Type PC Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2020 Veh Make NISSAN Veh Config. 1 21								
Operator DUFF, RYAN JAMES SCOTT						Owner CLOUTIER, AMANDA MARIE								
Address 243 SOUTHBRIDGE RD APT 12						Address 243 SOUTHBRIDGE RD APT 12								
City CHARLTON State MA Zip 01507-5264						City CHARLTON State MA Zip 01507-5264								
Insurance Company NORFOLK & DEDHAM MUTUAL F						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 43 23 23 23								
Citation # (If Issued)						Most Harmful Event 43 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26								
Please fill out for operator and all occupants involved						Damaged Area Code: 11 27 27 27								
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						1 1 3 0 1 8 2								
AMANDA CLOUTIER SOUTHBRIDGE RD CHARLTON, MA 01507						11/26/1987 F 3 0 3 0 2 7 2								
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.						
License # SA3051136 St MA DOB/Age 08/28/1984						Reg # 3JY102 Reg Type PC Reg State OK								
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2023 Veh Make RAM Veh Config. 2 21								
Operator ALVES DE AQUINO MART, RONISLANGELA						Owner BUDGET TRUCK RENTAL LLC								
Address 27 PERRY AVE APT 2						Address 300 CENTRE POINTE DR								
City WORCESTER State MA Zip 01610-1943						City VIRGINIA BEACH State VA Zip 23462								
Insurance Company BUDGET INSURANCE						Vehicle Action Prior to Crash 6 22								
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 4 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26								
Please fill out for operator and all occupants involved						Damaged Area Code: 1 27 27 27								
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						1 1 4 0 0 8 2								

→ = 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:

V1 was travelling westbound on Route 20. V2 was entering the roadway from Elm St. V2 did not come to a complete stop at the stop sign, and failed to yield the right of way to V1. V2 crashed into the driver's side of V1 and caused V1 to roll over at least once. Operator of V1 had to be freed by mechanical means, and the operator and passenger were transported to the Umass for suspected serious injuries. V1 was towed from the scene by Direnzo's. V2 refused to be transported to the hospital. Amazon arrived on scene to take possession of the vehicle.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
GOODSPEED ADAM JOSEPH	189 N STURBRIDGE RD CHARLTON MA 01507-1715		

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 Jason P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/14/2025

Date