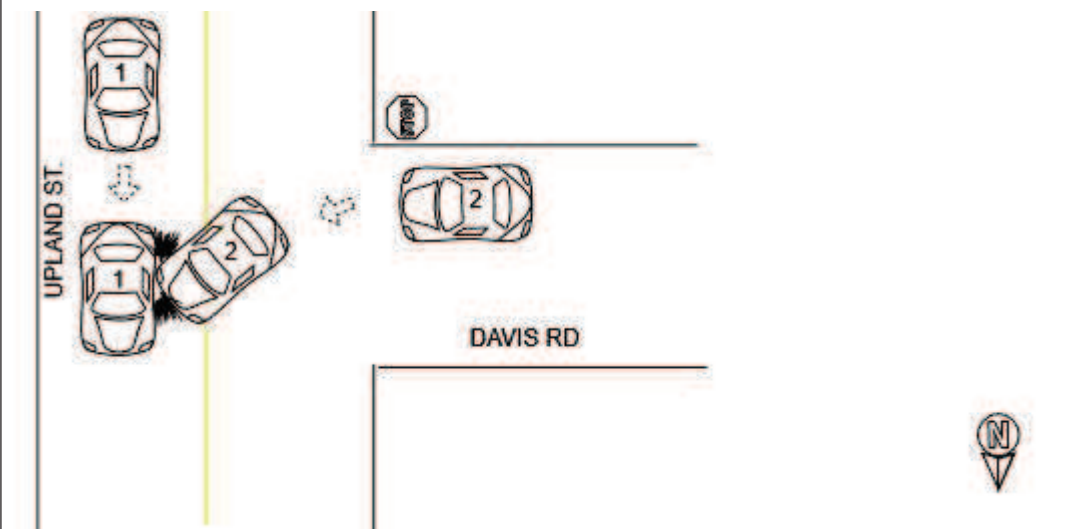


Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 10/12/2024		Time of Crash 1208 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>															
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																							
DAVIS RD																															
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																									
At						Feet N S E W of . or Mile Marker Exit Number																									
UPLAND ST																															
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																									
Route# Direction Name of Intersecting Roadway/Street						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# 24-356-AC																							
License # SA7740622 St MA DOB/Age 08/02/2005						Reg # 5LTL97 Reg Type PC Reg State MA																									
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2014 Veh Make FORD Veh Config. 1 21																									
Operator HARTSHORN, NOLAN CHRISTOPHER						Owner HARTSHORN, ROBERT FREDERICK																									
Address 1 ROLLIE SHEPARD DR						Address 1 ROLLIE SHEPARD DR																									
City MILLBURY State MA Zip 01527-3546						City MILLBURY State MA Zip 01527-3546																									
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 27 27																									
Vehicle Travel Direction: X S E W 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: 0 29																									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 30																									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32																									
Driver Distracted by 0 26 26						Towed from scene? 2 33																									
Please fill out for operator and all occupants involved																															
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						X		X		1		1		4		0		0		10		1			
SHEA KOBEL						28 GODDARD DR AUBURN, MA 01501-4408						05/18/2005		F		3		1		4		0		0		10		1			
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 # 068799449 St CT DOB/Age 06/30/1965						Reg # BC65977 Reg Type Reg State CT																									
Sex F Lic. Class 19 19 Lic. Restrictions 99 20 CDL Endorsement						Veh Year 2024 Veh Make SUBARU Veh Config. 1 21																									
Operator WU, ZHAO						Owner WU, ZHAO																									
Address 33 SOUTHGATE						Address 33 SOUTHGATE																									
City AVON State CT Zip 06001						City AVON State CT Zip																									
Insurance Company State Farm						Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 27 27																									
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28																									
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29																									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 30																									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 18 25 4 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32																									
Driver Distracted by 99 26 26						Towed from scene? 2 33																									
Please fill out for operator and all occupants involved																															
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						X		X		1		1		4		0		0		10		1			

→ = 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 TRAVELING DOWN UPLAND ST. VEHICLE TWO WAS TAKING A LEFT TURN OFF OF DAVIS ROAD ONTO UPLAND ST. VEHICLE TWO DID NOT SEE VEHICLE ONE TRAVELING DOWN THE ROAD WHILE ENTERING THE TRAVEL LANE.

### 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

Police Officer Name (Please Print)

Signature

86BG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/12/2024

Date