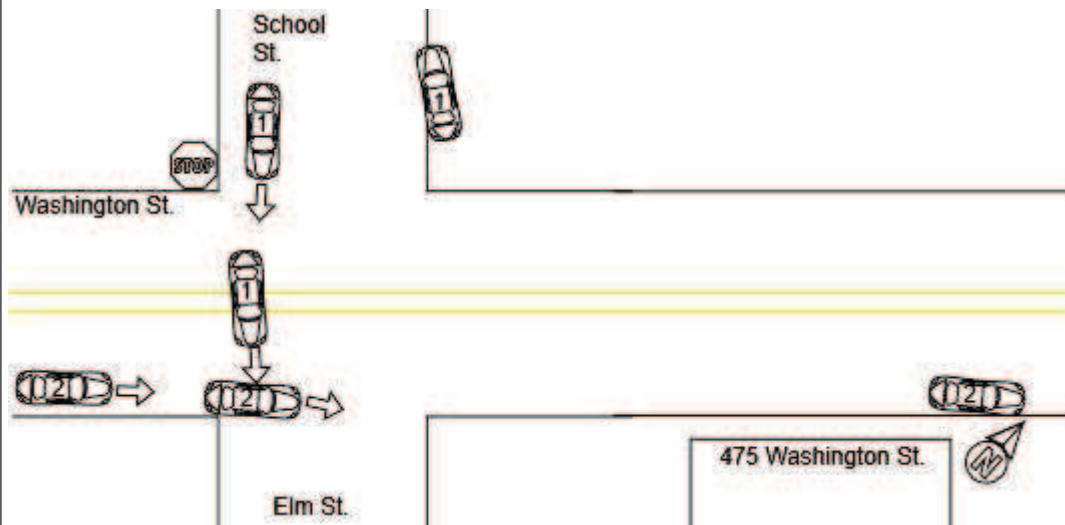


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 12/16/2024		Time of Crash 0850 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 2		Speed Limit 50 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
WASHINGTON ST Route# Direction Name of Roadway/Street At SCHOOL ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street Feet N S E W of . or 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: <input checked="" type="checkbox"/> Vehicle 11 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped						Crash Report ID# 24-454-AC											
License # S63687092 St MA DOB/Age 11/10/1947 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator RHEAUME, ELIZABETH Address 27 EDGEWOOD AVE City WEST BOYLSTON State MA Zip 01583-2403 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S X W 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 # 1BVP45 Reg Type PAN Reg State MA Veh Year 2018 Veh Make TOYOTA Veh Config. 2 21 Owner RHEAUME, ELIZABETH Address 27 EDGEWOOD AVE City WEST BOYLSTON State MA Zip 01583-2403 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 4 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 1 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? 1 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																	
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 # S41214910 St MA DOB/Age 12/06/1963 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator STEARNS, SUDJAI Address 4 COUNTRY LN City OXFORD State MA Zip 01540-2056 Insurance Company FARMERS PROPERTY & CASUAL Vehicle Travel Direction: X S E W 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 # 9FC916 Reg Type PC Reg State MA Veh Year 2016 Veh Make FORD Veh Config. 2 21 Owner STEARNS, STEPHEN THOMAS Address 4 COUNTRY LN City OXFORD State MA Zip 01540-2056 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 99 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 7 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? 1 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																	

→ = 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

Indicate the direction of travel with an arrow



### Crash Narrative:

Vehicle 1 was traveling eastbound on School St. and stopped at the stop sign at the intersection of Washington St. Vehicle 2 was traveling northbound on Washington St. Vehicle 1 entered traffic and attempted to go straight across Washington St. onto Elm St. Vehicle 2 attempted to swerve out of the way of vehicle 1 when vehicle 1 struck the driver's side door of vehicle 2. Vehicle 2 came to a rest in front of 475 Washington St. and vehicle 1 spun around and came to rest back on School St. [REDACTED]

[REDACTED] Vehicle 2 had side airbag deployment and was trapped by the door being caved in. The Fire Department used the Jaws of Life to pry open the driver's door.

### Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
LANGHELD KURT ANDREW	25 UPPER PALMER RD MONSON MA	[REDACTED]	

### 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 Dominick Boschetto

Police Officer Name (Please Print)

Signature

91DB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/16/2024

Date