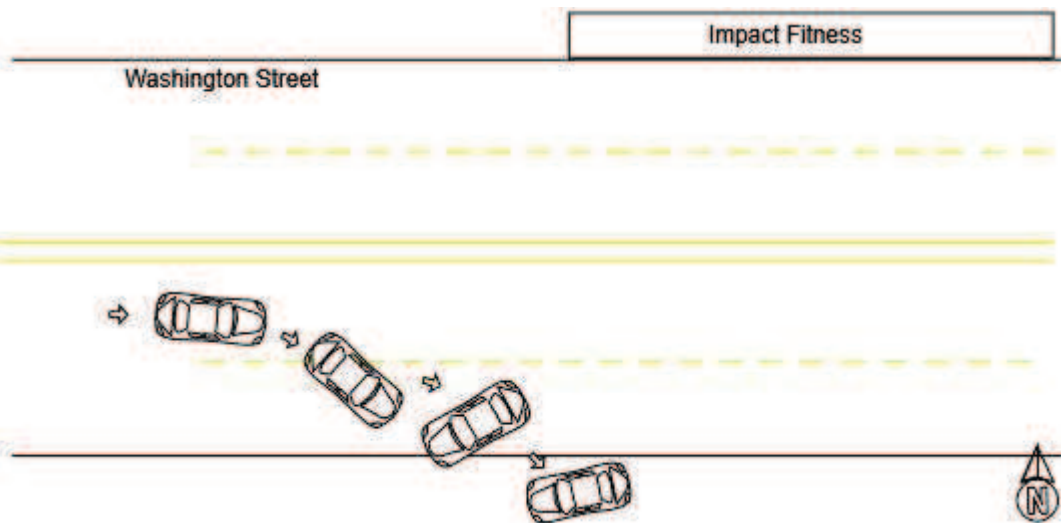


Police Use Only			Commonwealth of Massachusetts										RMV Document Number														
Date of Crash 02/18/2025		Time of Crash 0731 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 45		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																			
<div>1</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>2</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>314 WASHINGTON ST</div> <div>Feet N S E W of or</div> <div>Mile Marker Exit Number</div> <div>1</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>																					
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# 25-71-AC																			
License # St. DOB/Age						Reg # 5RFT34 Reg Type PAN Reg State MA																					
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2004 Veh Make FORD Veh Config. 1 21																					
Operator Last First Middle						Owner PREFONTAINE, JENNIFER ELLEN Last First Middle																					
Address						Address 1 OVERLOOK LN																					
City State Zip						City OXFORD State MA Zip 01540-1415																					
Insurance Company NORFOLK & DEDHAM MUTUAL F						Vehicle Action Prior to Crash 1 22										Damaged Area Code: 3 27 27 27											
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 43 23 23 23 23										Test Status: 1 28											
Citation # (If Issued)						Most Harmful Event 43 24										Type of Test: 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25										BAC Test Result: 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26										Susp. Alcohol: 2 31 Susp. Drug: 2 32											
						Towed from scene? 1 33										40 13											
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			
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																			
License # St. DOB/Age						Reg # Reg Type Reg State																					
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21																					
Operator Last First Middle						Owner Last First Middle																					
Address						Address																					
City State Zip						City State Zip																					
Insurance Company						Vehicle Action Prior to Crash 22										Damaged Area Code: 27 27 27											
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23										Test Status: 28											
Citation # (If Issued)						Most Harmful Event 24										Type of Test: 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25										BAC Test Result: 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26										Susp. Alcohol: 31 Susp. Drug: 32											
						Towed from scene? 33										4 14											
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															

→ = 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

Impact Arrow



Crash Narrative:

Vehicle #1 was traveling eastbound on Washington Street when the operator when to change lanes and started to spin out of control. The vehicle did a full spin and rolled over on its side off the roadway in the snow. The entire two lanes of the roadway were covered in a sheet of ice. No injuires to report. The vehicle was towed by Direnzo's.

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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/18/2025

Date