

Police Use Only			Commonwealth of Massachusetts										RMV Document Number																																																																																																																						
Date of Crash 01/09/2025		Time of Crash 1738 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 30		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>15</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>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>850 OXFORD STREET SO</div> <div>Feet N S E W of or</div> <div>Mile Marker Exit Number</div> <div>111</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>																																																																																																																													
						<div>21</div> <div>Please Select One of the Following:</div> <div><input checked="" type="checkbox"/> Vehicle 11 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div>Crash Report ID# 25-17-AC</div>																																																																																																																													
						<div>3</div> <div>License # S69967377 St MA DOB/Age 06/12/1980</div> <div>Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement</div> <div>Operator MERCURE, CHRISTOPHER M</div> <div>Address 10A PARK ST</div> <div>City WEBSTER State MA Zip 01570-2523</div> <div>Insurance Company PROGRESSIVE DIRECT INSURA</div> <div>Vehicle Travel Direction: N X E W Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>112</div> <div>Reg # 48M810 Reg Type PAN Reg State MA</div> <div>Veh Year 2018 Veh Make VOLKSWAGEN Veh Config. 1</div> <div>Owner MERCURE, CHRISTOPHER M</div> <div>Address 10A PARK ST</div> <div>City WEBSTER State MA Zip 01570-2523</div> <div>Vehicle Action Prior to Crash 1</div> <div>Event Sequence 1 23 23 23 23</div> <div>Most Harmful Event 5</div> <div>Driver Contributing Code 1</div> <div>Driver Distracted by 0</div> <div>Damaged Area Code: 8</div> <div>Test Status: 1</div> <div>Type of Test: 29</div> <div>BAC Test Result: 30</div> <div>Susp. Alcohol: 2 Susp. Drug: 2</div> <div>Towed from scene? 2</div>																																																																																																																							
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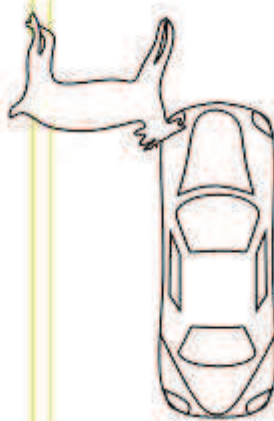
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Oxford Street South



If Crash Did Not Occur on a Public Way:

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

↓ Arrow



Crash Narrative:

On January 9, 2025, I was dispatched to Volkswaagen on Washington Street to speak with a male party regarding a motor vehicle crash. The operator of vehicle 1 stated that he was traveling down Oxford Street South in the area of 850 and a deer ran out in front of his vehicle. He subsequently struck the deer causing damage. I drove down Oxford Street South and confirmed that there was in fact a deceased deer.

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/09/2025

Date