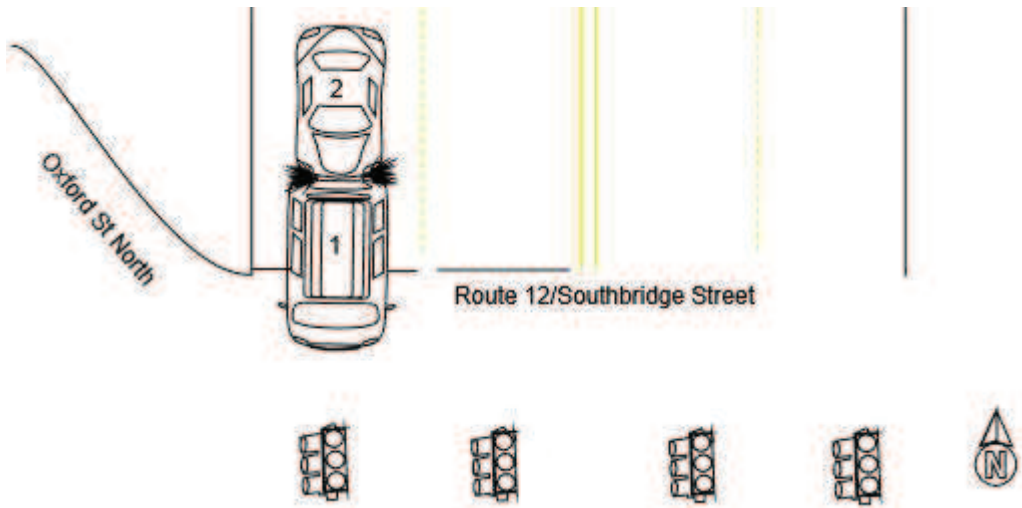


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 01/16/2025		Time of Crash 1219 24HR		City/Town Auburn		Motor Vehicle Crash Police Report					Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# Direction Name of Roadway/Street At 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 611 SOUTHBRIDGE ST Feet N S E W of . or Mile Marker 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# 25-29-AC															
License # S90445100 St MA DOB/Age 07/29/1958 Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator LEWIS, PAUL R Address 20 EAST APPLEWOOD DR City CHARLTON State MA Zip 01507-1646 Insurance Company HARLEYSVILLE WORCESTER IN Vehicle Travel Direction: N X 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 # 3TZR56 Reg Type PC Reg State MA Veh Year 2024 Veh Make CHEVROLET Veh Config. 1 Owner ACAR LEASING LTD Address 4001 EMBARCADERO DR City ARLINGTON State TX Zip 76014-0000 Vehicle Action Prior to Crash 2 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: 1 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 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			
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 # S20851322 St MA DOB/Age 02/15/1996 Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator CIANCI, CARALYN ROSE Address 8 BLUEBERRY LN City WALPOLE State MA Zip 02081-2501 Insurance Company UNITED FINANCIAL CASUALTY Vehicle Travel Direction: N X 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 # 6BJG39 Reg Type PC Reg State MA Veh Year 2021 Veh Make KIA Veh Config. 1 Owner SURE SHOT COFFEE SERVICE LLC Address 04 RAYNOR RD City SUDBURY State MA Zip 01776-2531 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: 8 27 1 27 2 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		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

↑ Arrow

Crash Narrative:

Vehicle 1 was travelling south on Route 12/Southbridge Street and Vehicle 2 was behind traveling in the same direction. The operator of Vehicle 1 stated that he saw the traffic light turn yellow and came to a stop. He states as he stopped, Vehicle 2 hit him from behind. The operator of Vehicle 2 stated that she was travelling at a solid speed along with Vehicle 1 and they were both able to make it through the light. The operator of Vehicle 2 stated that Vehicle 1 slammed on his brakes so he would not go through the light and that is why she rear ended him. She stated he slammed no his brakes because he saw a police cruiser waiting at the Oxford Street north traffic light. A witness stated that he was behind Vehicle 2 and she went through a red light and Vehicle 1 braked to not go through the light.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
ELNEMER JOHNY	733 KING ST FRANKLIN MA 02038		

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 Rachel B Crowley

Police Officer Name (Please Print)

Signature

92RC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/16/2025

Date