

Police Use Only			Commonwealth of Massachusetts					RMV Document Number								
Date of Crash 01/30/2025		Time of Crash 1259 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2		Number Injured 0		Speed Limit 50 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:	
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 Feet N S E W of or Mile Marker Exit Number Feet N S X 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# 25-46-AC								
License # S06141316 St MA DOB/Age 04/01/1960 Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator COLLINGE, DEBORAH JEAN Address 5 BARTON ST APT B City OXFORD State MA Zip 01540-1844 Insurance Company ARBELLA MUTUAL INSURANCE 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 # 1WEE86 Reg Type PC Reg State MA Veh Year 2014 Veh Make CHEVROLET Veh Config. 1 Owner COLLINGE, DEBORAH JEAN Address 5 BARTON ST APT B City OXFORD State MA Zip 01540-1844 Vehicle Action Prior to Crash 5 Event Sequence 1 23 23 23 23 Most Harmful Event 1 Driver Contributing Code 99 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 2 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 # S09304666 St MA DOB/Age 05/28/1987 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator KLEIN, ANDREW J Address 30 BAKER ST FL APT 2 City LUNENBURG State MA Zip 01462-2307 Insurance Company GREEN MOUNTAIN INSURANCE 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 # 839FW3 Reg Type PC Reg State MA Veh Year 2012 Veh Make SUBARU Veh Config. 1 Owner KLEIN, ANDREW J Address 30 BAKER ST FL APT 2 City LUNENBURG State MA Zip 01462-2307 Vehicle Action Prior to Crash 2 Event Sequence 1 23 23 23 23 Most Harmful Event 1 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 6 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 → ○ → ○

Route 20/ Washington Street



If Crash Did Not Occur on a Public Way:

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

Insert Arrow



Crash Narrative:

Operator of Vehicle 2 stated he was driving slow in traffic travelling straight ahead when Vehicle 1 rear ended him on the left rear of his vehicle. Operator of Vehicle 1 stated she was travelling eastbound and was behind Vehicle 2. Operator of Vehicle 1 stated that she then attempted to get in the left travel line. When she tried to move over into the left lane of travel she rear ended the back of Vehicle 2.

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 Rachel B Crowley

Police Officer Name (Please Print)

Signature

92RC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/30/2025

Date