

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 01/21/2025		Time of Crash 1334 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	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"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction HAMPTON ST						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of . or Exit Number											
Route# Direction JEROME AVE						Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with						Feet N S E W of Landmark											
Route# Direction Name of Intersecting Roadway/Street																	
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# 25-36-AC									
License # S61234241 St MA DOB/Age 01/01/1942						Reg # 55BD02 Reg Type PC Reg State MA						Veh Year 2017 Veh Make LEXUS Veh Config. 2					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2017 Veh Make LEXUS Veh Config. 2						Owner VO, NHAN THANH					
Operator VO, NHAN THANH						Address 1060 MAIN ST APT 113						City WORCESTER State MA Zip 01603-2448					
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 8 27 27 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 28					
Citation # (If Issued)						Most Harmful Event 1 24						Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25						BAC Test Result: 1 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					
Please fill out for operator and all occupants involved						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 # S14644687 St MA DOB/Age 03/03/1960						Reg # 5NA795 Reg Type PAN Reg State MA						Veh Year 2004 Veh Make PONTIAC Veh Config. 1					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2004 Veh Make PONTIAC Veh Config. 1						Owner LEGERE, DENISE M					
Operator LEGERE, MARK JOSEPH						Address 5 CAMP ST APT 1						City WORCESTER State MA Zip 01603-2806					
Insurance Company MAIN STREET AMERICA PROTE						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 1						Event Sequence 1 23 23 23 23						Test Status: 1 28					
Citation # (If Issued)						Most Harmful Event 1 24						Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25						BAC Test Result: 1 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					
Please fill out for operator and all occupants involved						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

Intersection Arrow

Crash Narrative:

Vehicle 1 was traveling northbound on Hampton St. Vehicle 1 was traveling eastbound on Jerome Ave. Vehicle 2 traveled through the intersection with a stop sign and struck vehicle 1 in the passenger side tire. Both vehicles came to rest in the middle of the intersection. Both vehicles were towed from the scene. Both parties stated they were uninjured and declined any medical attention.

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 Dominick Boschetto

Police Officer Name (Please Print)

Signature

91DB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/21/2025

Date