

Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 10/07/2024		Time of Crash 2034 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 2	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:	
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>12 S 541 SOUTHBRIDGE ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>								
						<div>311</div> <div>Crash Report ID# 24-347-AC</div>								
						<div>21</div> <div>Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 11 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped</div>								
						<div>3</div> <div>License # S71128195 St MA DOB/Age 12/21/1960 Sex M Lic. Class A 19 M 19 Lic. Restrictions 1 20 CDL T Endorsement Operator RUSSELL, ROBERT Address 436 MAIN ST City HUDSON State MA Zip 01749-1851 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: N X E W Responding to Emergency? 2 Citation # (If Issued) 936842AC Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub 90 24 Viol. 3: Ch/Sec/Sub 90 24 Viol. 4: Ch/Sec/Sub 90 24</div>								
Please fill out for operator and all occupants involved						<div>112</div> <div>Reg # 1LDM99 Reg Type PAN Reg State MA Veh Year 2006 Veh Make DODGE Veh Config. 2 21 Owner RUSSELL, ROBERT Address 436 MAIN ST City HUDSON State MA Zip 01749-1851 Vehicle Action Prior to Crash 6 22 Event Sequence 42 23 1 23 20 23 23 Most Harmful Event 1 24 Driver Contributing Code 8 25 10 25 Driver Distracted by 99 26 26 Damaged Area Code: 10 27 8 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 Susp. Alcohol: 1 31 Susp. Drug: 1 32 Towed from scene? 1 33</div>								
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.														
<div>76</div> <div>License # S17103898 St MA DOB/Age 11/07/1961 Sex M Lic. Class D 19 M 19 Lic. Restrictions B 20 CDL Endorsement Operator LAZZARO, JOHN MICHAEL Address 9 JACLYN RAE DR City MILLBURY State MA Zip 01527-3372 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: X S 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</div>						<div>114</div> <div>Reg # 164LX3 Reg Type PAN Reg State MA Veh Year 2014 Veh Make TOYOTA Veh Config. 1 21 Owner LAZZARO, CHERYL LYN Address 9 JACLYN RAE DR City MILLBURY State MA Zip 01527-3372 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 7 27 6 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33</div>								
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														

Crash Diagram:

ie: → 1 → 2 → ○ → ○

See Crash Reconstruction Diagram

If Crash Did Not Occur on a Public Way:

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

↑ Arrow



Crash Narrative:

Preliminary investigation indicates M/V #1 was traveling from I-395 (NB) to Rt 12 (SB) via exit 12. Upon entering Rt 12, M/V #1 traveled across both southbound lanes and the left northbound lane striking M/V #2 in the rear driver side door / rear tire area. Following the initial collision, M/V #1 traveled off the left side of the road striking a curb and dislodging the left front wheel assembly from the vehicle. Operator of #1 then continued southbound for approximately 1.3 miles before colliding with a telephone pole (Auburn crash report #24-348-AC)

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 Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/07/2024

Date