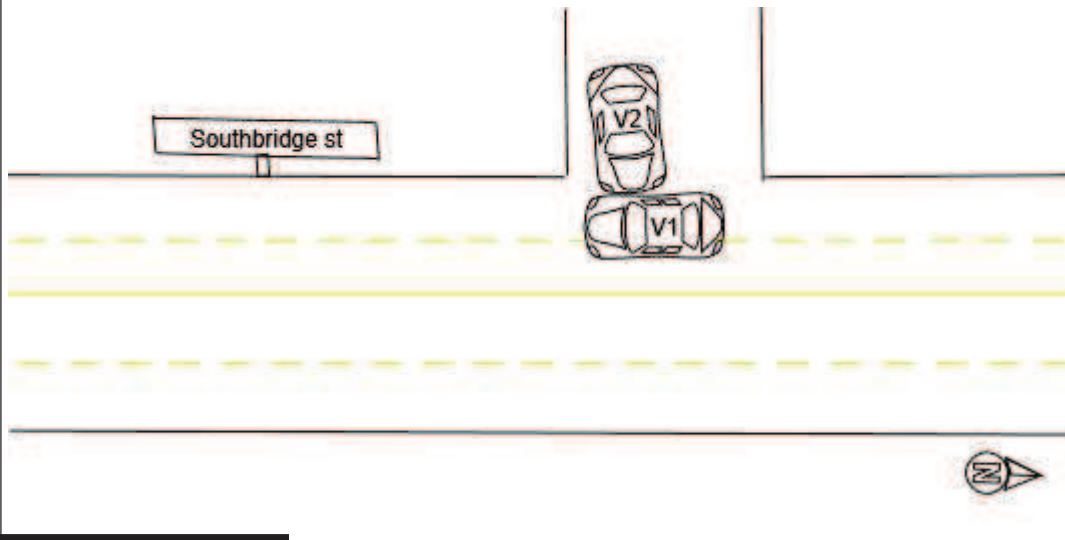


Police Use Only		Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 11/10/2024	Time of Crash 1136 24HR	City/Town Auburn		Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:										
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street												
At				Feet N S E W of . or Exit Number												
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street												
Also at Intersection with				Landmark												
Route# Direction Name of Intersecting Roadway/Street																
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-403-AC								
License # S66750506 St MA DOB/Age 02/14/1991				Reg # 495XB3 Reg Type PC Reg State MA												
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement				Veh Year 2013 Veh Make FORD Veh Config. 1 21												
Operator SPOONER, TYLER J Last First Middle				Owner MCCANN, MARISSA COURTNEY Last First Middle												
Address 163 THOMPSON RD				Address 163 THOMPSON RD												
City WEBSTER State MA Zip 01570-2040				City WEBSTER State MA Zip 01570-2040												
Insurance Company THE COMMERCE INSURANCE CO				Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27												
Vehicle Travel Direction: N X 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: 2 29												
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub				Driver Contributing Code 1 25 25 BAC Test Result: 1 30												
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32												
Please fill out for operator and all occupants involved				Towed from scene? 2 33												
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												
MARISSA MCCANN 163 THOMPSON RD WEBSTER, MA 01570-2040				11/23/1989 F 3 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 # St DOB/Age				Reg # 4HSC13 Reg Type PC Reg State MA												
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement				Veh Year 2016 Veh Make SUBARU Veh Config. 1 21												
Operator Last First Middle				Owner COOK, DARCY A Last First Middle												
Address				Address 12 BYLUND AVE												
City State Zip				City AUBURN State MA Zip 01501-1128												
Insurance Company PLYMOUTH ROCK ASSURANCE C				Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27												
Vehicle Travel Direction: N S X 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: 2 29												
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub				Driver Contributing Code 4 25 25 BAC Test Result: 1 30												
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32												
Please fill out for operator and all occupants involved				Towed from scene? 2 33												
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

I ... Arrow



Crash Narrative:

At approx. 1136 hours on 11/10/2024, the Auburn Police Department responded to a two-car motor vehicle accident in the area of 683 Southbridge St, Auburn, MA. I arrived on scene at approximately 1143 hours. Upon arrival I spoke with the Operator of Vehicle: 1 (V1) whom advised they were traveling southbound on Southbridge St at approximately 40 MPH. Shortly after passing through the intersection of Southbridge St and Goulding Dr V2 entered into the roadway and struck the passenger side of V1.

I spoke with the Operator of Vehicle: 2 (V2) whom advised they were pulling out of a parking lot, taking a left-hand turn when they collided with V1. V2 advised they were traveling at approximately 10 MPH.

The operators/occupants were evaluated and declined seeking further medical attention. The involved vehicles were deemed operable and driven from the scene.

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 Jordan D Ryan

Police Officer Name (Please Print)

Signature

90JR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/10/2024

Date