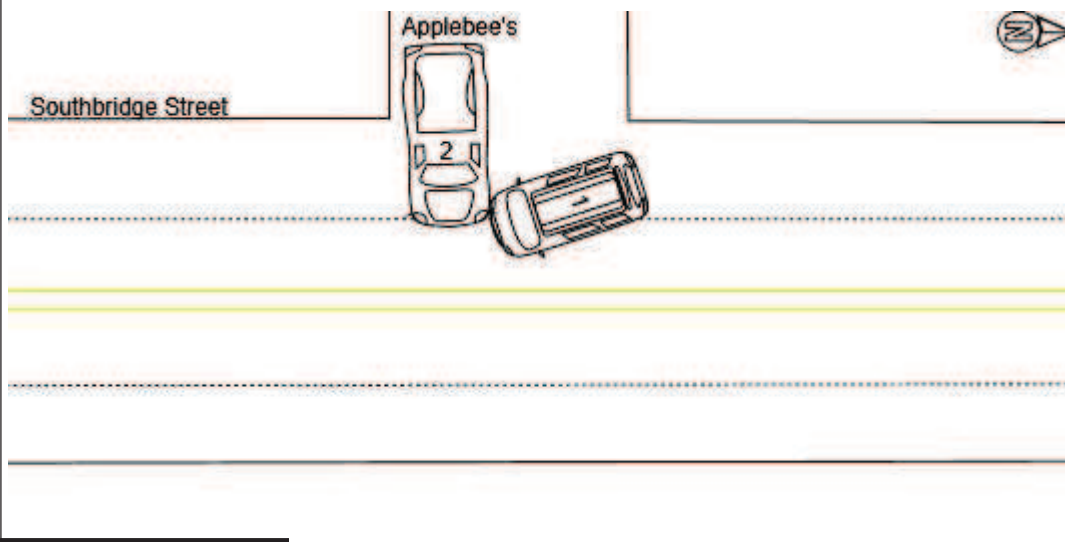


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 12/02/2024		Time of Crash 1539 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 45		State Police Local Police MBTA Police Campus Police Other:		<input 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 680 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 ROUTE 12 @ APPLEBEES 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# 24-432-AC					
License # S42643493 St MA DOB/Age 08/23/1994 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator HOLT, DANIEL H Address 3 CLARK RD City CHARLTON State MA Zip 01507-6731 Insurance Company THE COMMERCE INSURANCE CO 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 # 7SZ837 Reg Type PAN Reg State MA Veh Year 2017 Veh Make TOYOTA Veh Config. 2 21 Owner HOLT, DANIEL H Address 3 CLARK RD City CHARLTON State MA Zip 01507-6731 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33											
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code Medical Facility											
Operator						See Above						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 # S58520208 St MA DOB/Age 06/16/1998 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator HICKS, DIANA M Address 301 HAMPTON ST City AUBURN State MA Zip 01501 Insurance Company SAFETY INSURANCE COMPANY 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 # 5PPV98 Reg Type PAN Reg State MA Veh Year 2010 Veh Make GMC Veh Config. 2 21 Owner BELAIR, DEVIN MICHAEL Address 301 HAMPTON ST City AUBURN State MA Zip 01501-2579 Vehicle Action Prior to Crash 6 22 Damaged Area Code: 7 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 4 25 25 BAC Test Result: 30 Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33											
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code Medical Facility											
Operator/Occupants						See Above						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:

On December 2, 2024, I was dispatched to Southbridge Street in the area of Applebee's for a report of a two car motor vehicle crash. Upon my arrival, I spoke with the operators of both vehicles who advised me that vehicle one was traveling south on Southbridge Street. As they approached the driveway to Applebee's the operator of vehicle two began to pull out of the driveway subsequently colliding with their vehicle.

### 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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/02/2024

Date