

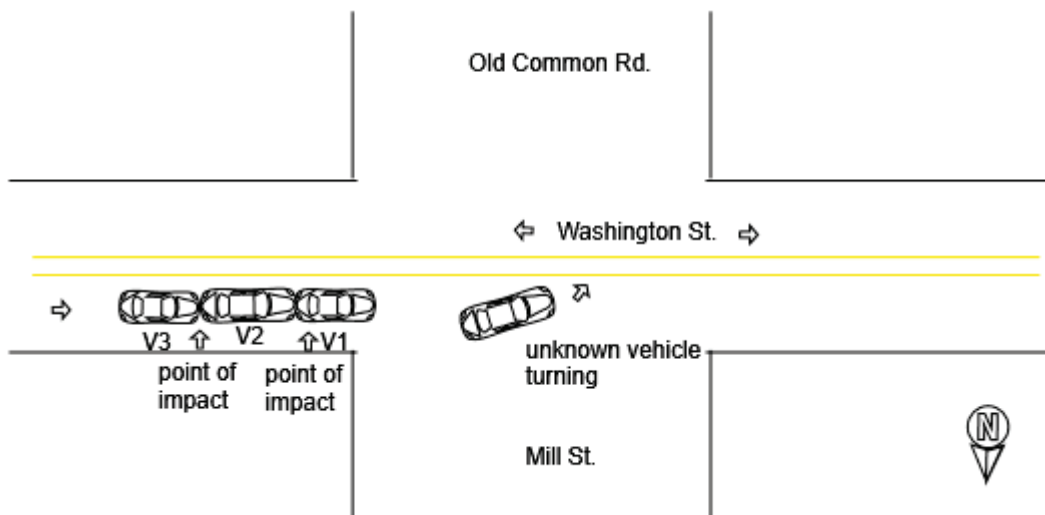
Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 11/02/2024		Time of Crash 1325 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
WASHINGTON ST																	
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of or Mile Marker Exit Number											
OLD COMMON RD																	
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with						Feet N S E W of											
Route# Direction Name of Intersecting Roadway/Street						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# 24-390-AC									
License # S85620793 St MA DOB/Age 12/13/1985						Reg # 9AG949 Reg Type PAN Reg State MA											
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2020 Veh Make AUDI Veh Config. 1 21											
Operator COURNOYER, KAYLA E						Owner DESCHENE, JOSHUA T											
Address 298 HIGH ST APT 2						Address 9 HILLSIDE AVE											
City WEBSTER State MA Zip 01570-4339						City WEBSTER State MA Zip 01570-1726											
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 27 27											
Vehicle Travel Direction: N S E X 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						BAC Test Result: 1 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Driver Contributing Code 1 25 25						Towed from scene? 2 33											
Driver Distracted by 0 26 26																	
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						1 1 4 0 0 10 1											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
License # V260928692210 St FL DOB/Age 06/21/1969						Reg # QZUZ96 Reg Type PAN Reg State FL											
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2023 Veh Make CHEVROLET Veh Config. 1 21											
Operator VICAIRE, WILLIAM H						Owner PV HOLDING CORP											
Address 11529 SW HALF MOON LAKE LN						Address 8600 HANGAR BLVD											
City PORT SAINT LUCIE State FL Zip 34987						City ORLANDO State FL Zip 32827-0000											
Insurance Company PROGRESSIVE						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 5 27 27											
Vehicle Travel Direction: N S E X 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						BAC Test Result: 1 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Driver Contributing Code 1 25 25						Towed from scene? 2 33											
Driver Distracted by 0 26 26																	
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						1 1 4 0 0 10 1											
KATHLEEN VICAIRE						11529 SW HALF MOON LAKE LN PORT SAINT LUCIE, FL 34987											
						04/07/1960 F 3 1 4 0 0 10 1											

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Also at Intersection with																															
Route# Direction Name of Intersecting Roadway/Street						Landmark																									
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 31 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-390-AC																							
License # S75972568 St MA DOB/Age 09/16/1959						Reg # 5NH375 Reg Type PAN Reg State MA																									
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2010 Veh Make JEEP Veh Config. 1 21																									
Operator WNUKOWSKI, KENNETH J						Owner WNUKOWSKI, KENNETH J																									
Last First Middle						Last First Middle																									
Address 67 LOXWOOD ST APT 2						Address 67 LOXWOOD ST APT 2																									
City WORCESTER State MA Zip 01604-4519						City WORCESTER State MA Zip 01604-4519																									
Insurance Company MAIN STREET AMERICA PROTE						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27																									
Vehicle Travel Direction: N S E X 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						BAC Test Result: 1 30																									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 19 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32																									
Driver Distracted by 99 26 26						Towed from scene? 2 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						X		X		1		1		4		0		0		10		1			
Please Select One of the Following:		<input type="checkbox"/> Vehicle 4 #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 # Reg Type Reg State																									
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21																									
Operator						Owner																									
Last First Middle						Last First Middle																									
Address						Address																									
City State Zip						City State Zip																									
Insurance Company						Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27																									
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23 Test Status: 28																									
Citation # (If Issued)						Most Harmful Event 24 Type of Test: 29																									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 30																									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32																									
Driver Distracted by 26 26						Towed from scene? 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						X		X		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

↓ Arrow

Crash Narrative:

V1 was traveling westbound on Washington St. (public way), then slowing to a stop as an unknown vehicle was turning onto Old Common Rd. V2 was also traveling westbound on Washington St. and slowing to a stop. V3 was also traveling westbound on Washington St. when it struck V2, sending V2 into V1. No tows needed

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 Derek P Courchaine

Police Officer Name (Please Print)

Signature

75DC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/02/2024

Date