

Police Use Only			Commonwealth of Massachusetts					RMV Document Number							
Date of Crash 12/30/2024		Time of Crash 1039 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____		State Police _____ Local Police _____ MBTA Police _____ Campus Police _____ Other: _____		
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
<div>1</div> <div>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 _____</div>						<div>2</div> <div>434A SOUTHBRIDGE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <div>N S E W</div> of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet <div>N S E W</div> of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <div>N S E W</div> of _____ Landmark _____</div>									
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# 24-473-AC							
License # S17733513 St MA DOB/Age 01/24/1994 Sex M Lic. Class <div>19 19</div> D M Lic. Restrictions 1 20 CDL _____ Operator BOSCHETTO, DOMINICK ANTHONY Last First Middle Address 416 OXFORD ST N City AUBURN State MA Zip 01501 Insurance Company NATIONAL UNION FIRE INSUR Vehicle Travel Direction: <div>N S E W</div> 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 # MPF591 Reg Type DC Reg State MA Veh Year 2023 Veh Make CHEVROLET Veh Config. 2 21 Owner AUBURN TOWN OF PD Last First Middle Address 416 OXFORD STREET NO City AUBURN State MA Zip 01501-1930 Vehicle Action Prior to Crash 2 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: 3 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 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		<div>X</div>		<div>X</div>		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 # S62939535 St MA DOB/Age 12/31/1942 Sex M Lic. Class <div>19 19</div> D M Lic. Restrictions 1 20 CDL _____ Operator DANIELS, WILLIAM T Last First Middle Address 416 PLEASANT PKWY City STURBRIDGE State MA Zip 01566-1464 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: <div>N S E W</div> 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 # 385EW4 Reg Type PC Reg State MA Veh Year 2014 Veh Make HONDA Veh Config. 1 21 Owner DANIELS, WILLIAM T Last First Middle Address 416 PLEASANT PKWY City STURBRIDGE State MA Zip 01566-1464 Vehicle Action Prior to Crash 10 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 19 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 6 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 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/Occupants		See Above		<div>X</div>		<div>X</div>		1	1	4	0	0	10	1	

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ○ = Bicycle

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

STAPLES

COMFORT  
INN

If Crash **Did Not** Occur  
on a Public Way:

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

STARBUCKS

Indicate Direction of Arrow



### Crash Narrative:

Vehicle 1 (cruiser 54) was blocking traffic as to let vehicle 2 back up after turning down the entrance of the plaza the wrong way. Vehicle 2 then backed up and struck vehicle 1 driver's side door. Both parties denied any medical treatment. Both vehicles had minor damages and were operable 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

Lieutenant Kenneth A Charlton

Police Officer Name (Please Print)

Signature

45KC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/30/2024

Date