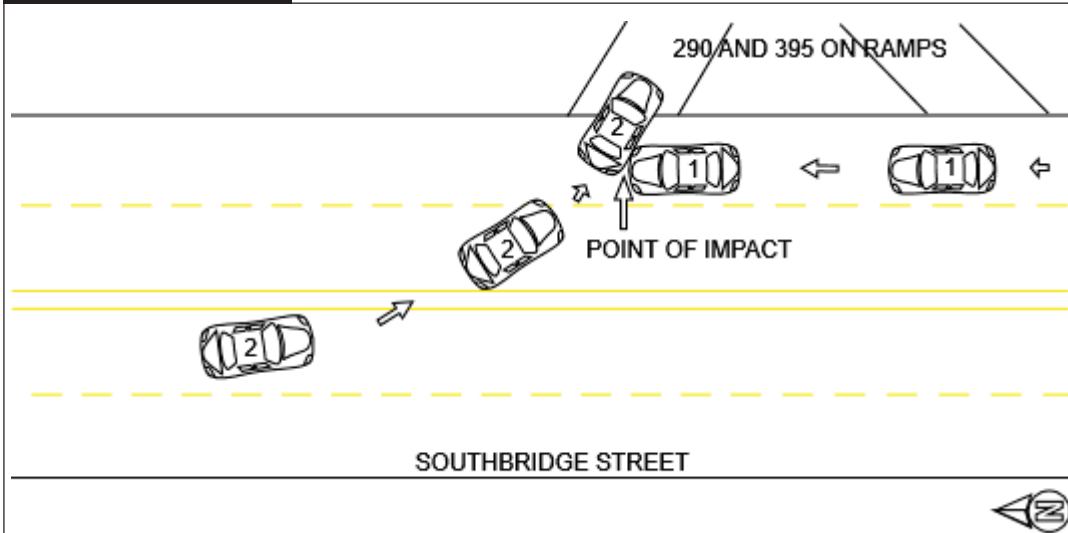


Police Use Only			Commonwealth of Massachusetts					RMV Document Number					
Date of Crash 03/29/2025	Time of Crash 1124 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:								
<div>11</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>Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of or Mile Marker Exit Number</div> <div>Feet NSEW of Route# Intersecting Roadway/Street</div> <div>Feet NSEW of Landmark</div>							
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 13 #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 25-116-AC						
License # SA8850669 St MA DOB/Age 02/22/2006						Reg # 1PSP19 Reg Type PAN Reg State MA							
Sex F Lic. Class D1919 Lic. Restrictions 20 CDL Endorsement						Veh Year 2010 Veh Make TOYOTA Veh Config. 121							
Operator NGUYEN, KAYLA THI Last First Middle						Owner CARLIN, CHRISTOPHER DAVID Last First Middle							
Address 11 RACICOT AVE APT 1						Address 11 RACICOT AVE							
City WEBSTER State MA Zip 01570						City WEBSTER State MA Zip 01570-1741							
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 122							
Vehicle Travel Direction: XSEW Responding to Emergency? 2						Event Sequence 123232323							
Citation # (If Issued)						Most Harmful Event 124							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 12525							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 02626							
Please fill out for operator and all occupants involved						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	1	0	0	10	1	
ALISON WELTON		98 DUDLEY OXFORD RD DUDLEY, MA 01571-6117		03/08/2007	F	3	1	1	0	0	10	1	
CATHERINE SIRARD		7 POND ST OXFORD, MA 01540-2326		02/04/2006	F	6	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 # SA3470977 St MA DOB/Age 11/09/1970						Reg # 1YCX25 Reg Type PAN Reg State MA							
Sex M Lic. Class D1919 Lic. Restrictions 20 CDL Endorsement						Veh Year 2015 Veh Make NISSAN Veh Config. 121							
Operator APPELEGATE, JAMES PHILLIP Last First Middle						Owner APPELEGATE, JAMES PHILLIP Last First Middle							
Address 47 WATERMAN RD						Address 47 WATERMAN RD							
City AUBURN State MA Zip 01501-1847						City AUBURN State MA Zip 01501-1847							
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 422							
Vehicle Travel Direction: NSXW Responding to Emergency? 2						Event Sequence 123232323							
Citation # (If Issued)						Most Harmful Event 124							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 42525							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 992626							
Please fill out for operator and all occupants involved						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	2	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

Insert North Arrow



Crash Narrative:

V#1 WAS TRAVELING NORTHBOUND ON SOUTHBRIDGE STREET. SOUTHBRIDGE STREET IS A PUBLIC WAY.
V#2 WAS TURNING LEFT FROM SOUTHBRIDGE STREET ONTO THE 290/395 ON RAMP. V#1 HAS THE RIGHT OF WAY. THE OPERATOR OF V#2 STATED HE SAW V#1 COMING, BUT WHEN HE TURNED HE REALIZED IT WAS TOO LATE AND HAD TURNED INTO V#1'S RIGHT OF WAY. BOTH VEHICLE'S WERE TOWED FROM THE SCENE. NO APPARENT INJURIES.

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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

03/29/2025

Date