

Date of Crash **12/19/2024** Time of Crash **1716** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

OXFORD STREET NO
Route# Direction Name of Roadway/Street
At
REITHEL ST
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-459-AC**

License # **S13812864** St **MA** DOB/Age **04/05/1973** Reg # **8XY692** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement
Operator **LUCEY, ELIZABETH M** Owner **LUCEY, ELIZABETH M**
Address **372 OXFORD STREET NO** Address **372 OXFORD STREET NO**
City **AUBURN** State **MA** Zip **01501-0000** City **AUBURN** State **MA** Zip **01501-0000**
Insurance Company **STATE FARM MUTUAL AUTOMOB** Vehicle Action Prior to Crash **4** Damaged Area Code: **1** **27** **27** **27**
Vehicle Travel Direction: **S 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: **0** **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**
Viol. 3: Ch/Sec/Sub _____ 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		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: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # **SA6861748** St **MA** DOB/Age **04/05/2008** Reg # **3VHA75** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** Lic. Restrictions **1** **20** CDL Endorsement
Operator **WHITCHER, BROOKE JACQUELYN** Owner **WHITCHER, THADDEUS BRIAN**
Address **12 WALNUT ST** Address **12 WALNUT ST**
City **AUBURN** State **MA** Zip **01501-1516** City **AUBURN** State **MA** Zip **01501-1516**
Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **3** **27** **27** **27**
Vehicle Travel Direction: **S 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: **0** **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **19** **25** **25** BAC Test Result: **1** **30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
Towed from scene? **2** **33**

Please fill out for operator and all occupants involved		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:

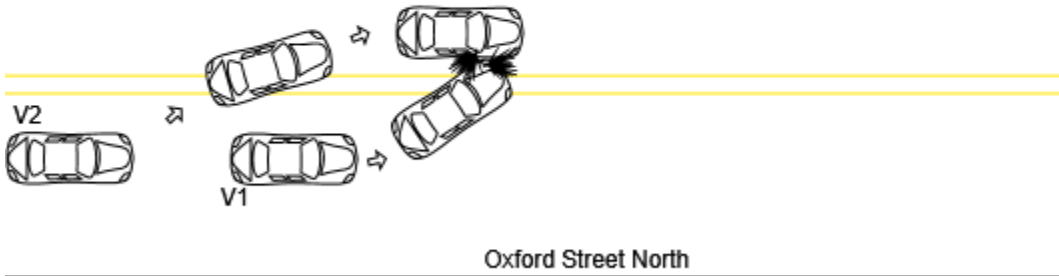
ie: ➔ 1 ➔ 2 ➔ ➔

386 Oxford Street North
Auburn, MA 01501



If Crash Did Not Occur on a Public Way:

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



If Crash Did Not Occur on a Public Way: Arrow



Crash Narrative:

V1 and V2 were traveling north on Oxford Street North. V1 slowed down to take a left hand turn into the driveway of 386 Oxford Street North. V2 attempted to go around V1, crossing over the double solid yellow line. The front of V1 made contact with the passenger side of V2.

After reviewing CCTV footage of the incident from a near by house, it does not appear that V1 had thier left directional prior to making the turn.

"Motorola Watchguard camera footage is available from members of the Auburn Police Department who were involved in this call. Interviews and interactions that were preserved in other formats may be summarized in this report and should be reviewed independently for complete details. This report does not include a complete verbatim transcription of

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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/19/2024

Date