

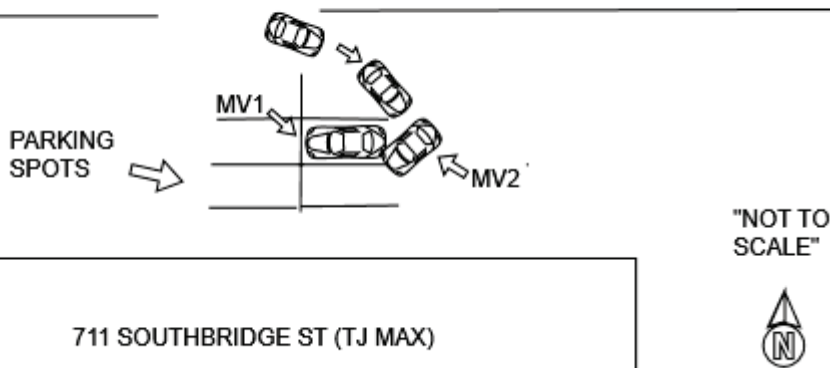
Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 03/18/2025		Time of Crash 1555 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 20		State Police Local Police MBTA Police Campus Police Other:									
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 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 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# 25-106-AC															
License # S38360785 St MA DOB/Age 02/16/1986 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator MOORE, ERIN A Address 102 BOTTOMLEY AVE City CHERRY VALLEY State MA Zip 01611-3135 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 # 5PG886 Reg Type PC Reg State MA Veh Year 2017 Veh Make DODGE Veh Config. 1 21 Owner MOORE, ERIN A Address 102 BOTTOMLEY AVE City CHERRY VALLEY State MA Zip 01611-3135 Vehicle Action Prior to Crash 11 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: 6 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 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		X		X		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 # S44538307 St MA DOB/Age 03/12/1938 Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator ALEXANDER, MARY ANN Address 5 CRANBERRY LN City SPENCER State MA Zip 01562-3005 Insurance Company PLYMOUTH ROCK ASSURANCE C 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 # 584LKW Reg Type PAN Reg State MA Veh Year 2019 Veh Make MERCEDES-BENZ Veh Config. 1 21 Owner ALEXANDER, MARY ANN Address 5 CRANBERRY LN City SPENCER State MA Zip 01562-3005 Vehicle Action Prior to Crash 1 22 Event Sequence 2 23 23 23 23 Most Harmful Event 2 24 Driver Contributing Code 18 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 2 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33																	
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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		1		4		0		0		10		1			

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

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

ROUTE 12



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

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

↑ Arrow

### Crash Narrative:

Motor vehicle number 1 was parked and in a stationary position. Motor vehicle number 2 entered the parking lot and was looking for a parking space. Motor vehicle number 2 began turning into the handicapped parking spot. At this time the operator over steered and made contact with the rear left of motor vehicle number 1 with her front right side. Both parties refused EMS. Operator of motor vehicle 2 stated she had the wrong corrective lenses on and could not see the vehicle was as close as it was. After evaluating operator of motor vehicle 2 she did not show signs of impairment and was safe to operate.

### 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 Arek P Gasiorski

Police Officer Name (Please Print)

Signature

96AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

03/18/2025

Date