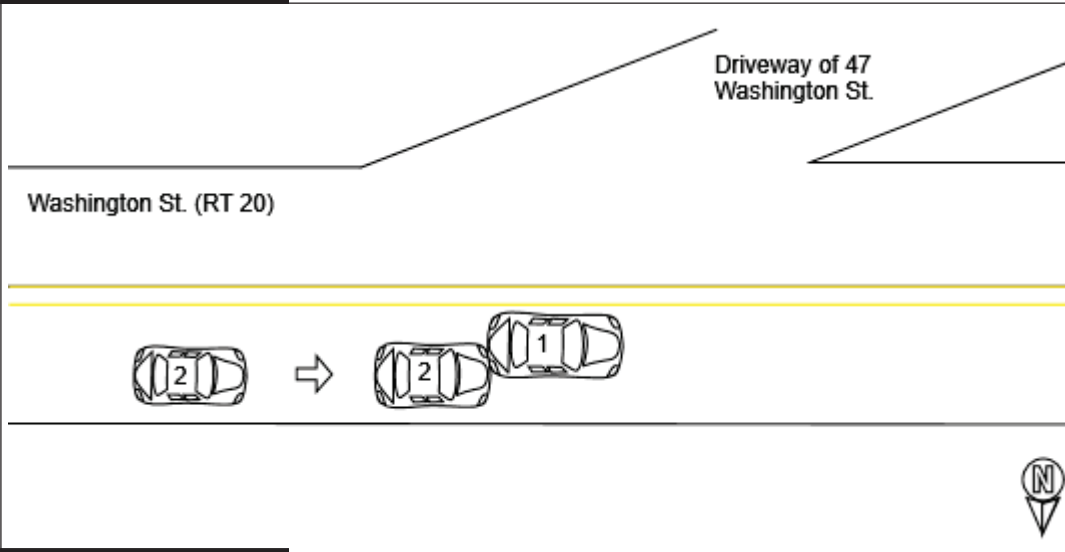


| | | | | | | | | | | | | | | | |
|--|-------------------------------|--|--|--------------------------------------|--|---|--|--|--|-------------------------|------------------------|--------------------------------------|--|--|--|
| Police Use Only | | Commonwealth of Massachusetts | | | | | | | | | | RMV Document Number | | | |
| Date of Crash 03/09/2025 | Time of Crash 1350 24HR | City/Town Auburn | | Motor Vehicle Crash Police Report | | | | | | Number Vehicles 2 | Number Injured 0 | Speed Limit 50 | State Police Local Police MBTA Police Campus Police Other: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 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 47 WASHINGTON ST | | | | | | 2 | | | |
| | | | | | | Feet N S E W of . or Mile Marker Exit Number | | | | | | 2 | | | |
| | | | | | | Feet N S E W of Route# Intersecting Roadway/Street | | | | | | 11 | | | |
| | | | | | | Feet N S E W of Landmark | | | | | | 2 | | | |
| Please Select One of the Following: | | <input checked="" type="checkbox"/> Vehicle 1.1 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Crash Report ID# 25-95-AC | | | | | | | |
| License # S21750605 St MA DOB/Age 06/24/1956 | | | | | | Reg # 847ML8 Reg Type PC Reg State MA | | | | | | 1 12 | | | |
| Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement | | | | | | Veh Year 2015 Veh Make HONDA Veh Config. 1 21 | | | | | | 1 | | | |
| Operator ALLEN, DAVID JR Last First Middle | | | | | | Owner ALLEN, DAVID JR Last First Middle | | | | | | 1 | | | |
| Address 47 WASHINGTON ST APT 14 | | | | | | Address 47 WASHINGTON ST APT 14 | | | | | | 1 | | | |
| City AUBURN State MA Zip 01501-3027 | | | | | | City AUBURN State MA Zip 01501-3027 | | | | | | 1 | | | |
| Insurance Company THE STANDARD FIRE INSURAN | | | | | | Vehicle Action Prior to Crash 2 22 | | | | | | Damaged Area Code: 4 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: 29 | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | Driver Contributing Code 1 25 25 | | | | | | BAC Test Result: 30 | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Driver Distracted by 0 26 26 | | | | | | Susp. Alcohol: 2 31 Susp. Drug: 2 32 | | | |
| Please fill out for operator and all occupants involved | | | | | | Vehicle Action Prior to Crash 1 24 | | | | | | Towed from scene? 1 33 | | | |
| Name (Last First Middle) Address | | | | | | DOB/Age Sex | | | | | | Medical Facility | | | |
| Operator See Above | | | | | | 1 1 4 0 0 10 1 | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Please Select One of the Following: | | <input checked="" type="checkbox"/> Vehicle 2.1 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. | | | | | | | |
| License # 058542590 St CT DOB/Age 05/03/1991 | | | | | | Reg # 5321 Reg Type PC Reg State CT | | | | | | 1 14 | | | |
| Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement | | | | | | Veh Year 2017 Veh Make TOYOTA Veh Config. 1 21 | | | | | | 1 | | | |
| Operator CORRADO, SARAH S Last First Middle | | | | | | Owner CORRADO, SARAH S Last First Middle | | | | | | 1 | | | |
| Address 179 OLD TPKE RD | | | | | | Address 179 OLD TPKE RD | | | | | | 1 | | | |
| City QUINEBAUG State CT Zip 06262 | | | | | | City QUINEBAUG State CT Zip 06262 | | | | | | 1 | | | |
| Insurance Company Plymouth Rock Assurance | | | | | | Vehicle Action Prior to Crash 1 22 | | | | | | Damaged Area Code: 8 27 1 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: 29 | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | Driver Contributing Code 99 25 25 | | | | | | BAC Test Result: 30 | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Driver Distracted by 99 26 26 | | | | | | Susp. Alcohol: 2 31 Susp. Drug: 2 32 | | | |
| Please fill out for operator and all occupants involved | | | | | | Vehicle Action Prior to Crash 1 24 | | | | | | Towed from scene? 1 33 | | | |
| Name (Last First Middle) Address | | | | | | DOB/Age Sex | | | | | | Medical Facility | | | |
| Operator/Occupants See Above | | | | | | 1 1 4 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

↓ Arrow

Crash Narrative:

Vehicle 1 was stopped attempting to turn left from Washington St. (RT 20) into the driveway of 47 Washington St. Vehicle 2 was traveling West on Washington St. V2 attempted to brake to allow V1 to turn, and collided with the rear of V1.

Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|--------------------------|--|---------|-----------|
| SERGI GEORGE | 1098 STAFFORD ST Apt. #2 ROCHDALE MA 01542 | | |
| | | | |

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 Matthew Rodwill

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

03/09/2025

Date