

Police Use Only			Commonwealth of Massachusetts										RMV Document Number								
Date of Crash 10/25/2024		Time of Crash 1623 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>					
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:													
JEROME AVE																					
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street															
At						Feet N S E W of or Mile Marker Exit Number															
SOUTHBRIDGE ST																					
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street															
Also at Intersection with																					
Route# Direction Name of Intersecting Roadway/Street						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# 24-380-AC													
License # S77600805 St MA DOB/Age 04/24/1975						Reg # RS91BF Reg Type PAN Reg State MA															
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2022 Veh Make LEXUS Veh Config. 2															
Operator GAGNE, KIMBERLY J						Owner GAGNE, KIMBERLY J															
Address 63 CHARLTON ST						Address 63 CHARLTON ST															
City ROCHDALE State MA Zip 01542-1015						City ROCHDALE State MA Zip 01542-1015															
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 3															
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23															
Citation # (If Issued)						Most Harmful Event 1 24															
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25															
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26															
Please fill out for operator and all occupants involved						Damaged Area Code: 5 27 27 27															
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						Test Status: 1 28															
Operator See Above						Type of Test: 29															
						BAC Test Result: 30															
						Susp. Alcohol: 2 31 Susp. Drug: 2 32															
						Towed from scene? 2 33															
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 # S89250773 St MA DOB/Age 06/10/1971						Reg # 719TR9 Reg Type PAN Reg State MA															
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2013 Veh Make SUBARU Veh Config. 1															
Operator LESPERANCE, JOHN PAUL						Owner LESPERANCE, JOHN PAUL															
Address 20 BISHOP AVE						Address 20 BISHOP AVE															
City WORCESTER State MA Zip 01603-1824						City WORCESTER State MA Zip 01603-1824															
Insurance Company USAA GENERAL INDEMNITY CO						Vehicle Action Prior to Crash 1															
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23															
Citation # (If Issued)						Most Harmful Event 1 24															
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25															
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26															
Please fill out for operator and all occupants involved						Damaged Area Code: 1 27 27 27															
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						Test Status: 1 28															
Operator/Occupants See Above						Type of Test: 29															
						BAC Test Result: 30															
						Susp. Alcohol: 2 31 Susp. Drug: 2 32															
						Towed from scene? 2 33															

→ = 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

I ... Arrow



Crash Narrative:

On October 25, 2024, I, Officer Dominic Walker was dispatched to the intersection of Jerome Avenue and Southbridge Street for a two car motor vehicle crash. I spoke with both the operator of vehicle one and two. I was told that the operator of vehicle one was stopped at the stop sign. The operator of vehicle two, believing that vehicle one was pulling on to Southbridge Street, continued pulling foward, striking vehicle one.

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/25/2024

Date