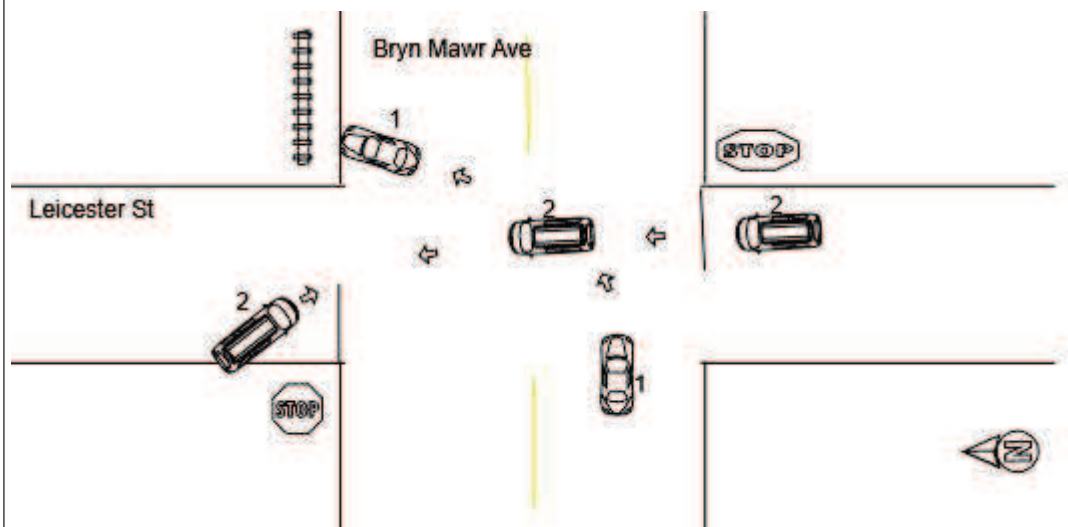


Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 01/03/2025		Time of Crash 1411 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
LEICESTER ST																
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street										
At																
BRYN MAWR AVE																
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Mile Marker Exit Number										
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street										
Route# Direction Name of 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# 25-4-AC								
License # St. DOB/Age						Reg # 4ADL93 Reg Type PC Reg State MA										
Sex		Lic. Class 19 19		Lic. Restrictions 20		CDL Endorsement		Veh Year 2005 Veh Make HYUNDAI Veh Config. 1								
Operator Last First Middle						Owner DAGRACA, MAXINE MARIE Last First Middle										
Address						Address 7 ATHENS ST										
City State Zip						City AUBURN State MA Zip 01501-3341										
Insurance Company USAA GENERAL INDEMNITY CO						Vehicle Action Prior to Crash 1						Damaged Area Code: 1 27 8 27 2 27				
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 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: 31 Susp. Drug: 32				
Please fill out for operator and all occupants involved						Towed from scene? 1 33										
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 9 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 # SA5270404 St. MA DOB/Age 04/09/2004						Reg # 4WLC92 Reg Type PC Reg State MA										
Sex F		Lic. Class D 19 19		Lic. Restrictions 20		CDL Endorsement		Veh Year 2011 Veh Make HONDA Veh Config. 1								
Operator GERAGONIS, JACQUELINE ANNE Last First Middle						Owner GERAGONIS, JACQUELINE ANNE Last First Middle										
Address 4 HOMESTEAD AVE						Address 4 HOMESTEAD AVE										
City OXFORD State MA Zip 01540-1608						City OXFORD State MA Zip 01540-1608										
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 1						Damaged Area Code: 6 27 5 27 27				
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 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 4 25 25						BAC Test Result: 30				
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26						Susp. Alcohol: 31 Susp. Drug: 32				
Please fill out for operator and all occupants involved						Towed from scene? 3 33										
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 4 1 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

Direction of Travel Arrow



Crash Narrative:

V1 was traveling south on Bryn Mawr Ave. V2 was traveling east on Leicester St. V2 had stopped at stop sign. V2 then entered Bryn Mawr Ave. V1 made contact with V2 on Bryn Mawr Ave. Both vehicles were towed from scene. V2 had a failed inspection for safety.

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 Adam D Gustafson

Police Officer Name (Please Print)

Signature

62AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/03/2025

Date