

Date of Crash 04/03/2024	Time of Crash 1929 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 0	Speed Limit <u>65</u>	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
				Latitude _____	Longitude _____						

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

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped **Crash Report ID# 24-101-AC**

License # S44254537 St MA DOB/Age 04/02/1989	Reg # JF700 Reg Type PAN Reg State RI
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2018 Veh Make HYUNDAI Veh Config. 1 21
Operator DEANDRADE, RICHARD ROBERT JR	Owner RODRIGUES, VANESSA J
Address 40 BRICK KILN RD	Address 136A CHURCH ST
City NORTH ATTLEBORO State MA Zip 02760-1842	City PASCOAG State RI Zip 02859
Insurance Company PROGRESSIVE	Vehicle Action Prior to Crash 99 22 Damaged Area Code: 4 27 5 27 6 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 24 23 23 23 23 Test Status: 1 28
Citation # (If Issued) _____	Most Harmful Event 24 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 99 25 25 BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 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	XXXXXX	XXXX	1	1	4	0	0	■	■	██████████

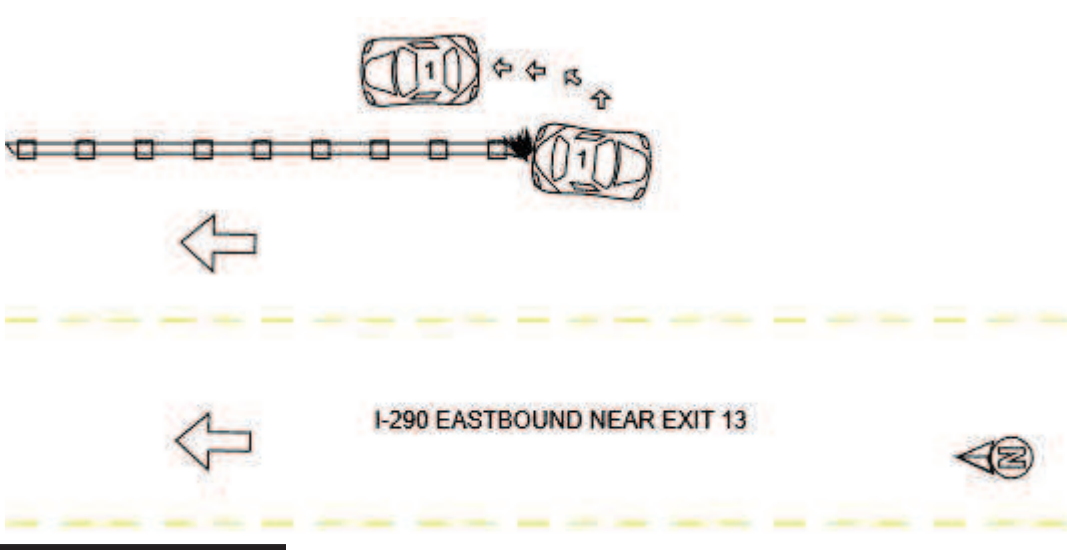
Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year _____ Veh Make _____ Veh Config. 21
Operator _____	Owner _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Event Sequence 23 23 23 23 Test Status: 28
Citation # (If Issued) _____	Most Harmful Event 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32
	Towed from scene? 33

Please fill out for operator/non-motorist 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/Non-Motorist	See Above	XXXXXX	XXXX	1							

Crash Diagram:

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If Crash Did Not Occur on a Public Way:

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

I-290 Eastbound Arrow



Crash Narrative:

Vehicle 1 was travelling Eastbound on I-290 heading towards Worcester when he lost control of his vehicle. It should be noted that the weather was a mixture of snow and freezing rain causing a slushy coating on the pavement. The operator stated he spun around and hit the guardrail and then spun into the grass located off of the pavement. The car made contact to the guardrail from the rear. Mass DOT was notified of the damage to the guardrail.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MA DOT	BELMONT ST WORCESTER MA			GUARDRAIL

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 Rachel B Crowley 92RC Auburn Police Department 04/03/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date