

# Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **01/24/2024** Time of Crash **1928** City/Town **Auburn**

## Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **1** Speed Limit **40** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	<b>20 W 502 WASHINGTON ST</b> Route# Direction Address # Name of Roadway/Street
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <b>N S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____ Route# Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following:  Vehicle **12** #Occupants  Hit/Run  Moped Crash Report ID# **24-31-AC**

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <b>19 19</b> Lic. Restrictions <b>20</b> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company <b>THE COMMERCE INSURANCE CO</b>	Reg # <b>4ELL78</b> Reg Type <b>PAN</b> Reg State <b>MA</b> Veh Year <b>2006</b> Veh Make <b>CHEVROLET</b> Veh Config. <b>1 21</b> Owner <b>GAGNE, CHRISTOPHER JOSEPH</b> Address <b>159 MALVERN RD</b> City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-2621</b>
Vehicle Travel Direction: <b>N X E W</b> Responding to Emergency? <b>2</b>	Vehicle Action Prior to Crash <b>4 22</b> Damaged Area Code: <b>7 27 6 27 27</b>
Citation # (If Issued) _____	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <b>1 24</b> Type of Test: <b>29</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>19 25 4 25</b> BAC Test Result: <b>30</b>
	Driver Distracted by <b>99 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
	Towed from scene? <b>1 33</b>

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
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	

Please Select One of the Following:  Vehicle **21** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # <b>S70006962</b> St <b>MA</b> DOB/Age <b>03/03/1969</b> Sex <b>M</b> Lic. Class <b>D 19 19</b> Lic. Restrictions <b>20</b> CDL _____ Operator <b>FRIMPONG, KWADWO</b> Address <b>74 MULBERRY ST</b> City <b>WORCESTER</b> State <b>MA</b> Zip <b>01605-3077</b> Insurance Company <b>PROGRESSIVE DIRECT INSURA</b>	Reg # <b>4ATC37</b> Reg Type <b>PAN</b> Reg State <b>MA</b> Veh Year <b>2013</b> Veh Make <b>CHRYSLER</b> Veh Config. <b>1 21</b> Owner <b>FRIMPONG, KWADWO</b> Address <b>74 MULBERRY ST</b> City <b>WORCESTER</b> State <b>MA</b> Zip <b>01605-3077</b>
Vehicle Travel Direction: <b>N S E X W</b> Responding to Emergency? <b>2</b>	Vehicle Action Prior to Crash <b>1 22</b> Damaged Area Code: <b>1 27 10 27 27</b>
Citation # (If Issued) _____	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <b>1 24</b> Type of Test: <b>29</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1 25 25</b> BAC Test Result: <b>30</b>
	Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
	Towed from scene? <b>1 33</b>

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
<b>Operator/Non-Motorist</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	

