

Date of Crash <b>01/27/2024</b>	Time of Crash <b>1800</b> 24HR	City/Town <b>Auburn</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles <b>2</b>	Number Injured <b>0</b>	Speed Limit <b>30</b>	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"/>
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**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <b>101</b> Direction _____ Address # <b>AUBURN ST</b> 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 _____
	_____ Feet <b>N S E W</b> of _____ Landmark _____

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped **Crash Report ID# 24-33-AC**

License # <b>S29581960</b> St <b>MA</b> DOB/Age <b>12/26/1962</b>	Reg # <b>2MFM15</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D 19 19</b> Lic. Restrictions <b>B 20</b> CDL _____ Endorsement _____	Veh Year <b>2020</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1 21</b>
Operator <b>DEOLIVEIRA, FRANCISCO LUCIANO</b> Last First Middle	Owner <b>DEOLIVEIRA, FRANCISCO LUCIANO</b> Last First Middle
Address <b>218 OAK ST</b>	Address <b>218 OAK ST</b>
City <b>CLINTON</b> State <b>MA</b> Zip <b>01510-3717</b>	City <b>CLINTON</b> State <b>MA</b> Zip <b>01510-3717</b>
Insurance Company <b>THE STANDARD FIRE INSURAN</b>	Vehicle Action Prior to Crash <b>1 22</b> Damaged Area Code: <b>10 27 4 27 27</b>
Vehicle Travel Direction: <b>N S X W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1 24</b> Type of Test: <b>1 29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>1 25 25</b> BAC Test Result: <b>1 30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
	Towed from scene? <b>2 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>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ☺ = Bicycle

**Crash Diagram:**

ie: → 1 → 2 → ○ → ☺

I-290 E/B On-Ramp

**If Crash Did Not Occur on a Public Way:**

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

↑ Arrow



Auburn Street

Jim Black Group  
101 Auburn Street  
Auburn, MA 01501

**Crash Narrative:**

V1 and V2 were traveling east on Auburn Street. V1 was rear ended by V2. V2 fled the area and was not located. (refer to 24-102-OF)

**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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/27/2024

Date