

Date of Crash 03/05/2024	Time of Crash 1544 24HR	City/Town AUBURN	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

ROCKLAND RD Route# _____ Direction _____ Name of Roadway/Street _____ At _____ AUBURN ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____	
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 24-77-AC**

License # SA0131568 St MA DOB/Age 02/27/1991	Reg # 4XAR19 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____	Veh Year 2019 Veh Make HYUNDAI Veh Config. 1 21
Operator FRANK, ANDREW MCKENNA	Owner FRANK, ANDREW MCKENNA
Address 15 IDLEWOOD DR	Address 15 IDLEWOOD DR
City AUBURN State MA Zip 01501-2133	City AUBURN State MA Zip 01501-2133
Insurance Company GOVERNMENT EMPLOYEES INSU	Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> 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 99 25 1 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 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	10	1	

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

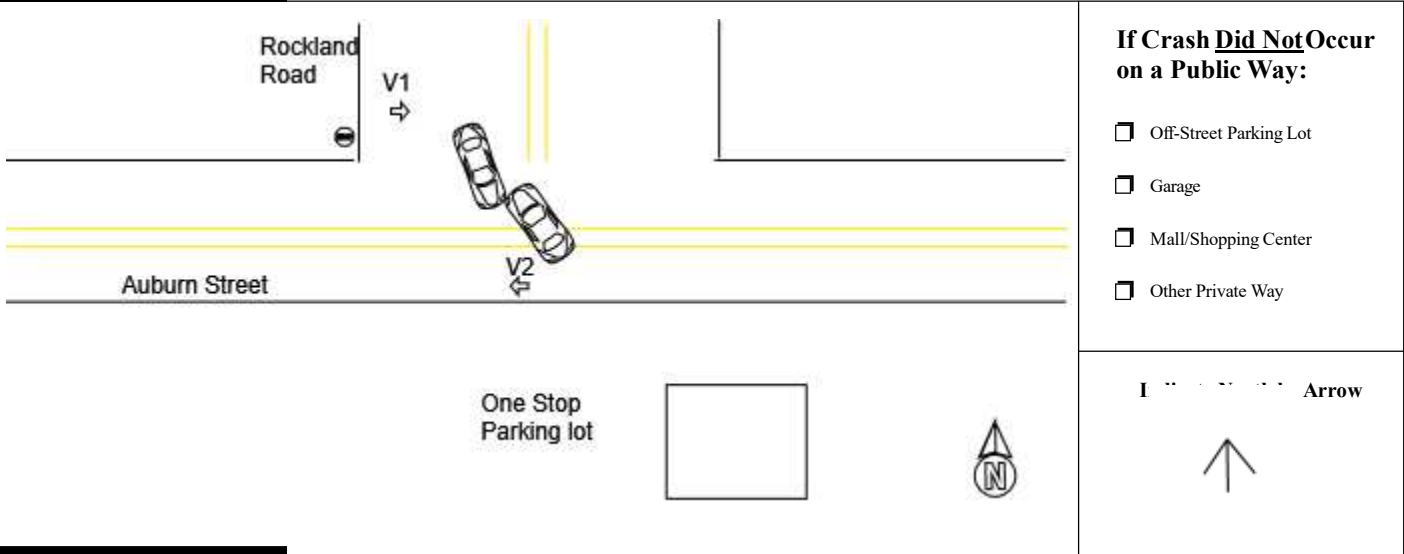
License # SA5220793 St MA DOB/Age 03/12/2005	Reg # VT42733 Reg Type PC Reg State MA
Sex M Lic. Class D 19 D 19 Lic. Restrictions 1 20 CDL _____	Veh Year 2016 Veh Make JEEP Veh Config. 1 21
Operator ORIENTE-DANO, LUKE B	Owner DANO, CHRISTIAN PACKER
Address 26 NORTH ST APT 203	Address 11 EUREKA TER
City DOUGLAS State MA Zip 01516-2062	City WORCESTER State MA Zip 01603-1431
Insurance Company PLYMOUTH ROCK ASSURANCE C	Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> 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 99 26 Susp. Alcohol: 31 Susp. Drug: 32
	Towed from scene? 2 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	1	4	0	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

Indicate Direction with Arrow



Crash Narrative:

Vehicle 1 was making a left turn onto Auburn Street from Rockland Road(Public way).Vehicle 2 was turning left out of the parking lot of One Stop(164 Auburn ST, Auburn MA) onto Auburn Street (Public way). The result of this, the vehicles collided on Auburn Street. Operator of vehicle 2 stated he was having problems with the brakes on his vehicle.

Drivers declined medical attention, both vehicles were drivable.

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 **ANDREW F MARKVENAS** 93AM Auburn Police Department 03/05/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date