

Police Use Only			Commonwealth of Massachusetts					RMV Document Number				
Date of Crash 10/15/2024	Time of Crash 1707 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>SWANSON RD</div> <div>Feet N S E W of or</div> <div>Mile Marker Exit Number</div> <div>311</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>AREA OF CANE SHELL</div> <div>Landmark</div>						
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# 24-364-AC			
License # S76143647 St MA DOB/Age 10/29/1943						Reg # V94569 Reg Type CON Reg State MA						
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2018 Veh Make CHEVROLET Veh Config. 2 21						
Operator TURNER, KENNETH FRANCIS						Owner NU CENTRAL MASS AUTO AUCTION LLC						
Address 30 MERRIAM ST						Address 12 INDUSTRIAL PK EAST RD						
City AUBURN State MA Zip 01501-1410						City OXFORD State MA Zip 01540-2860						
Insurance Company UTICA MUTUAL INSURANCE CO						Vehicle Action Prior to Crash 1 22						
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						
Citation # (If Issued)						Most Harmful Event 1 24						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						
Please fill out for operator and all occupants involved						Damaged Area Code: 3 27 27 27						
Name (Last First Middle) Address						Test Status: 1 28						
Operator See Above						Type of Test: 29						
						BAC Test Result: 30						
						Susp. Alcohol: 2 31 Susp. Drug: 2 32						
						Towed from scene? 2 33						
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 # unknown St DOB/Age 01/15/1967						Reg # TJR5687 Reg Type PAN Reg State VA						
Sex M Lic. Class 99 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21						
Operator MARTINEZ, MAURO						Owner MARTINEZ, MAURO						
Address 14535 LANICA CIR						Address 14535 LANICA CIR						
City CHANTILLY State VA Zip 20151						City CHANTILLY State VA Zip 20151						
Insurance Company ALLSTATE						Vehicle Action Prior to Crash 6 22						
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23						
Citation # (If Issued)						Most Harmful Event 1 24						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 4 25 25						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						
Please fill out for operator and all occupants involved						Damaged Area Code: 1 27 27 27						
Name (Last First Middle) Address						Test Status: 1 28						
Operator/Occupants See Above						Type of Test: 29						
						BAC Test Result: 30						
						Susp. Alcohol: 2 31 Susp. Drug: 2 32						
						Towed from scene? 2 33						

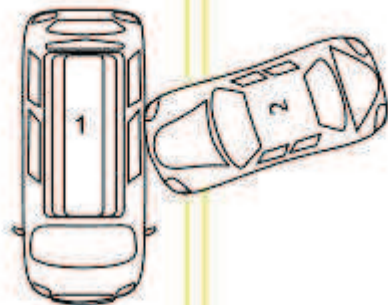
→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ○ = Bicycle

### Crash Diagram:

ie: → 1 → 2 → ○ → ○



Swanson Road



Cane Shell

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

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

Insert Arrow



### Crash Narrative:

On October 15, 2024, I was dispatched to the parking lot of the old Bed Bath and Beyond for a two car motor vehicle crash. Upon my arrival I spoke with the owner of vehicle one who stated that he was traveling up Swanson Road when vehicle two pulled out of the Cane Shell, striking his vehicle and causing damage. The operator of vehicle two stated the same.

### 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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/15/2024

Date