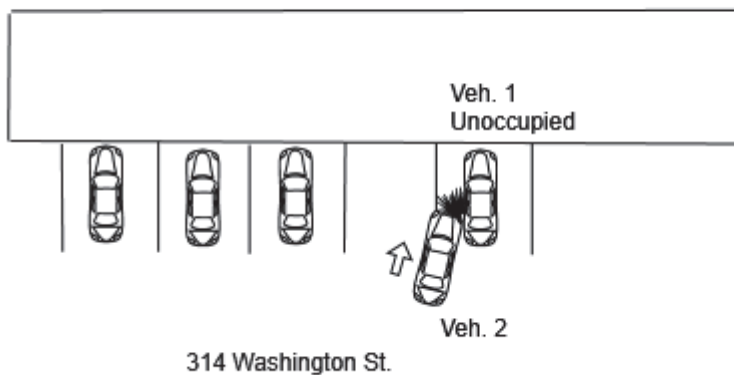


Police Use Only				Commonwealth of Massachusetts								RMV Document Number							
Date of Crash 11/06/2024		Time of Crash 2101 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 0		Speed Limit 5 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
Route# Direction Name of Roadway/Street At 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 N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark													
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 10 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-407-AC											
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Driverless M.V. Address City State Zip Insurance Company THE STANDARD FIRE INSURAN Vehicle Travel Direction: N S E W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 4AKJ44 Reg Type PC Reg State MA Veh Year 2022 Veh Make TOYOTA Veh Config. 1 21 Owner BARRON, JOHN Address 20 BROOKS RD City PAXTON State MA Zip 01612-1169 Vehicle Action Prior to Crash 22 Damaged Area Code: 7 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Most Harmful Event 24 Type of Test: 29 Driver Contributing Code 25 25 BAC Test Result: 30 Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33													
Please fill out for operator and all occupants involved																			
Name (Last First Middle) Address 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						1													
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 # S12794440 St MA DOB/Age 03/05/1999 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator MOLTA, DANIEL J Address 2 S PARADISE LN City FISKDALE State MA Zip 01518 Insurance Company QUINCY MUTUAL Vehicle Travel Direction: N X E W Responding to Emergency? 2 Citation # (If Issued) 002249AD Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 9 Viol. 3: Ch/Sec/Sub 90 20 Viol. 4: Ch/Sec/Sub						Reg # 7RN889 Reg Type PC Reg State MA Veh Year 2002 Veh Make CHEVROLET Veh Config. 1 21 Owner MOLTA, DANIEL J Address 2 S PARADISE LN City FISKDALE State MA Zip 01518 Vehicle Action Prior to Crash 97 22 Damaged Area Code: 3 27 27 27 Event Sequence 2 23 23 23 23 Test Status: 28 Most Harmful Event 2 24 Type of Test: 29 Driver Contributing Code 19 25 25 BAC Test Result: 30 Driver Distracted by 99 26 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33													
Please fill out for operator and all occupants involved																			
Name (Last First Middle) Address 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/Occupants See Above						1 99 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

Impact Arrow



Crash Narrative:

Vehicle one was parked in the parking lot of 314 Washington St (Impact Fitness). Vehicle two attempts to park to the left of vehicle one. Vehicle two fails to turn properly striking vehicle one. Vehicle two then relocates to another area of the parking lot. See report 24-1482-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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/12/2024

Date