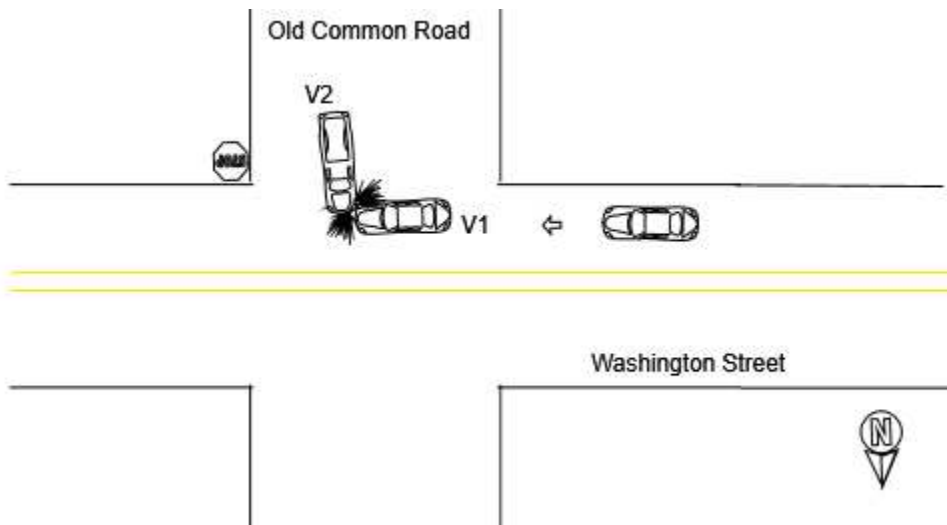


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 02/02/2023		Time of Crash 1753 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction OLD COMMON RD						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of . or Exit Number											
Route# Direction WASHINGTON ST						Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with						Feet N S E W of Landmark											
Route# Direction Name of Intersecting Roadway/Street																	
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# 23-32-AC							
License # S32910877 St MA DOB/Age 10/07/1978						Reg # 2FBE64 Reg Type PC Reg State MA											
Sex M		Lic. Class D 19 19		Lic. Restrictions 1 20		CDL		Endorsement		Veh Year 2020		Veh Make CHRYSLER		Veh Config. 1 21			
Operator ROWDEN, ADAM MARK						Owner WHEELS LT											
Address 3 LAMBS POND CIR						Address 666 GARLAND PL											
City CHARLTON State MA Zip 01507-5476						City DES PLAINES State IL Zip 60016-0000											
Insurance Company TRAVELERS PROPERTY CASUAL						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 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 97 25 25						BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32					
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											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants				<input type="checkbox"/> Non-Motorist A		Type 15 Action 16 Location 17 Condition 18		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped					
License # S54367826 St MA DOB/Age 11/16/1967						Reg # 1LES24 Reg Type PC Reg State MA											
Sex M		Lic. Class D 19 19		Lic. Restrictions 1 20		CDL		Endorsement		Veh Year 2010		Veh Make GMC		Veh Config. 2 21			
Operator VALENTIN, BENJAMIN						Owner VALENTIN, BENJAMIN											
Address 10 OAK DR						Address 10 OAK DR											
City N OXFORD State MA Zip 01537-1207						City N OXFORD State MA Zip 01537-1207											
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 6 22						Damaged Area Code: 8 27 27 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 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: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32					
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											

→ = 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

↓ Arrow

Crash Narrative:

V1 was traveling east on Washington Street. V2 attempted to enter Washington Street due to a right directional being used by V1. V1 did not turn onto Old Common Road. V1 crashed into V2.

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

02/02/2023

Date