

Date of Crash 06/13/2024	Time of Crash 0809 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 1	Speed Limit 40	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:**

1 1	Route# _____ Direction _____ Name of Roadway/Street _____	Route# 541 Direction _____ Address # SOUTHBRIDGE ST Name of Roadway/Street _____	2 10
	At _____	Feet <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W of _____ or _____	
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Mile Marker _____ Exit Number _____	2 11
	Also at Intersection with _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	
2 1	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	
		Route# _____ Intersecting Roadway/Street _____	
		Landmark _____	

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **24-188-AC**

License # S79219317 St MA DOB/Age 09/07/1985	Reg # C9X Reg Type PC Reg State MA	1 12
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2018 Veh Make HYUNDAI Veh Config. 1 21	1 21
Operator DESJARDIN, JAMIE M Last First Middle	Owner DESJARDIN, JAMIE M Last First Middle	
Address 306 THOMPSON RD	Address 306 THOMPSON RD	
City WEBSTER State MA Zip 01570	City WEBSTER State MA Zip 01570	
Insurance Company SAFETY INSURANCE COMPANY	Vehicle Action Prior to Crash 6 22	Damaged Area Code: 5 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: 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 26	Susp. Alcohol: 2 31 Susp. Drug: 2 32
		Towed from scene? 1 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	1	1	

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

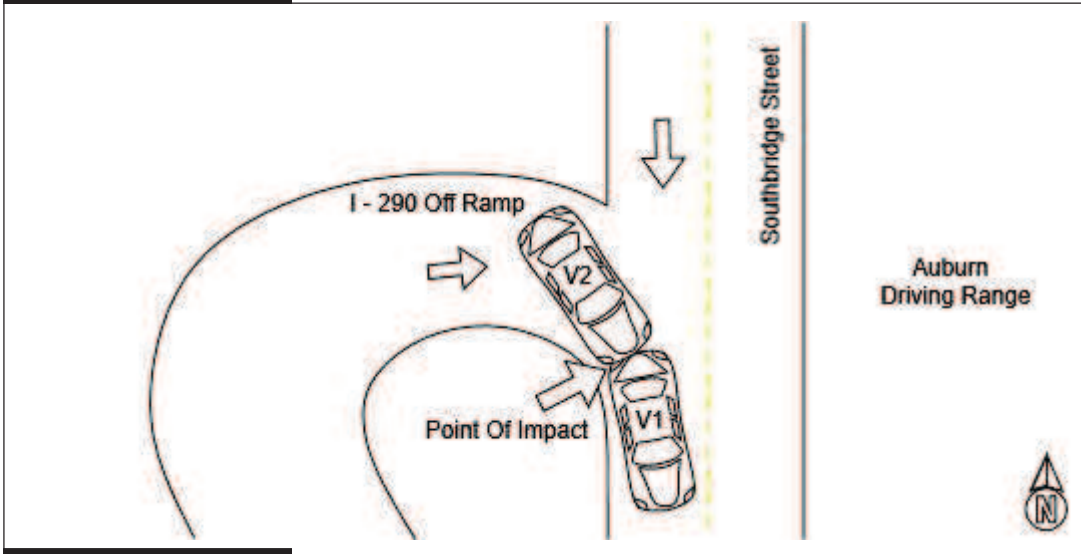
License # SA3761041 St MA DOB/Age 10/26/2003	Reg # 4XHA91 Reg Type PC Reg State MA	1 14
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2018 Veh Make FORD Veh Config. 1 21	1 21
Operator ROOS ELLER, JOAO PEDRO Last First Middle	Owner ROOS ELLER, JOAO PEDRO Last First Middle	
Address 364 IRVING ST APT 210	Address 364 IRVING ST APT 210	
City FRAMINGHAM State MA Zip 01702	City FRAMINGHAM State MA Zip 01702	
Insurance Company PROGRESSIVE DIRECT INSURA	Vehicle Action Prior to Crash 6 22	Damaged Area Code: 1 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: 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 19 25 25	BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 26	Susp. Alcohol: 2 31 Susp. Drug: 2 32
		Towed from scene? 1 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/Occupants	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

I-290 Off Ramp Arrow



Crash Narrative:

V1 was exiting the I - 290 off ramp, in order to merge onto Southbridge Street. V2 was travelling the same direction following V1. Due to heavy traffic V1 was reducing their speed in order to safely merge into on-coming traffic. V2 did not observe V1 reducing their speed and crashed into the rear bumper of V1.

██████████. V2 did not sustain injuries, and refused medical attention at this time. Both vehicles were towed from the scene by Direnzo's.

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 Jason P Brooks 88JB Auburn Police Department 06/13/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date