

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 06/18/2024	Time of Crash 1415 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 30	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:**

Route# _____ Direction _____ Name of Roadway/Street _____		Route# 150 Direction _____ Address # MILLBURY ST Name of Roadway/Street _____	
At _____		Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Mile Marker _____ Exit Number _____	
Also at Intersection with _____		Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Route# _____ Intersecting Roadway/Street _____	
		Landmark _____	

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 24-199-AC**

License # S57465831 St MA DOB/Age 01/26/1961	Reg # 625CD4 Reg Type PAN Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2013 Veh Make HONDA Veh Config. 1 21
Operator JANIK, WLODZIMIERZ Last First Middle	Owner JANIK, WLODZIMIERZ Last First Middle
Address 492 PORTER RD	Address 492 PORTER RD
City SPRINGFIELD State MA Zip 01128-1350	City SPRINGFIELD State MA Zip 01128-1350
Insurance Company PLYMOUTH ROCK ASSURANCE C	Vehicle Action Prior to Crash 3 22 Damaged Area Code: 8 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input 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: 0 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 99 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	10	1	

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

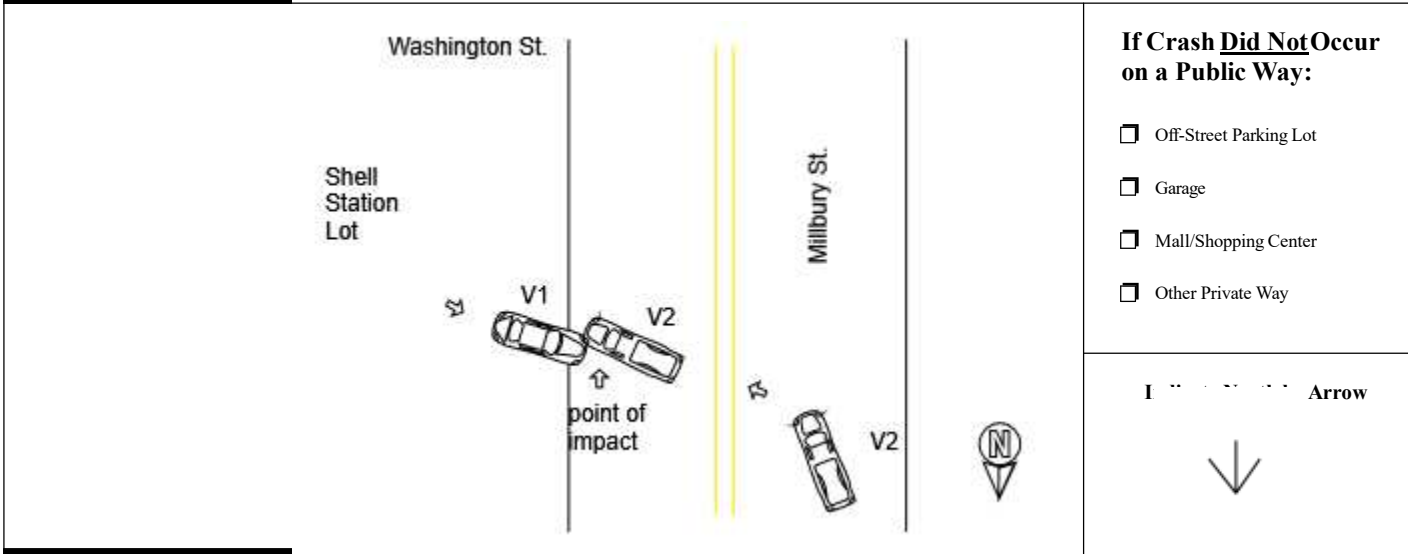
License # S22652728 St MA DOB/Age 08/08/1962	Reg # 1RYM40 Reg Type PAN Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2018 Veh Make GMC Veh Config. 1 21
Operator FAHLIN, WILLIAM F Last First Middle	Owner B F AND SALES INC PO BOX 610 Last First Middle
Address 107 OLD COMMON RD	Address _____
City AUBURN State MA Zip 01501-3207	City AUBURN State MA Zip 01501
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 27 27 27
Vehicle Travel Direction: <input 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: 0 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 99 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
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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

↓ Arrow

Crash Narrative:

Vehicle 1 was exiting the parking lot of the Shell Gas Station located at #310 Washington St. (public way), turning right onto Millbury St. (public way). Vehicle 2 was entering the parking lot from Millbury St. when both vehicles collided. No injuries to report. Vehicle 1 sustained damage to its front driver's side quarter panel and tie rod assembly. Vehicle 2 sustained damage to its front driver's side quarter panel and tie rod assembly. Both vehicles were towed by Dorenzo Towing.

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 Derek P Courchaine 75DC Auburn Police Department 06/18/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date