

Date of Crash **07/01/2024** Time of Crash **1036** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **5** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

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: Vehicle **10** #Occupants Hit/Run Moped Crash Report ID# **24-222-AC**

License # _____ St _____ DOB/Age _____ Reg # **7XX678** Reg Type **PAN** Reg State **MA**
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Endorsement _____
 Veh Year **2019** Veh Make **VOLKSWAGEN** Veh Config. **1 21**
 Operator **Driverless M.V.** Owner **ROBBINS, JAIME MARIE**
 Address _____ Address **233 MAGILL DR APT 8**
 City _____ State _____ Zip _____ City **GRAFTON** State **MA** Zip **01519-1339**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **6 27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **2 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **99 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? **2 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	XXXX	XX	1							

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

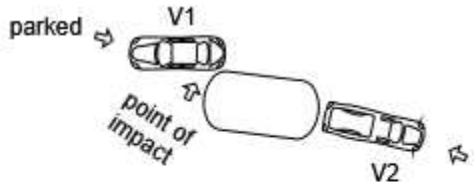
License # **Y9882653** St **CA** DOB/Age **08/26/1977** Reg # **73CHSS** Reg Type **PAN** Reg State **FL**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **99 20** CDL _____ Endorsement _____
 Veh Year **2024** Veh Make **RAM** Veh Config. **8 21**
 Operator **POVERENNY, ANTON** Owner **SHPAK, IVAN**
 Address **3108 GLENDALE BLVD 241** Address **3610 76TH E ST**
 City **LOS ANGELES** State **CA** Zip **90039** City **PALMETTO** State **FL** Zip **34221-3579**
 Insurance Company **PROGRESSIVE COMMERCIAL** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **0 27 27 27**
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **0 29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 25** BAC Test Result: **1 30**
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Operator/Occupants	See Above	XXXX	XX	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Repligen Corp
Parking lot

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 parked in the lot located at #440 Washington St. There was no occupant in the vehicle. Vehicle 2 was backing when it struck Vehicle 1. No damage to Vehicle 2. Vehicle 1 sustained damage to its driver's side rear quarter panel and taillight. No injuries to report and no tows needed.

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 07/01/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date