

Police Use Only			Commonwealth of Massachusetts										RMV Document Number								
Date of Crash 08/02/2024		Time of Crash 1127 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:													
<div>1</div> <div>1</div> <div>1</div> <div>1</div> <div>2</div> <div>1</div> <div>3</div>						<div>2</div> <div>10</div> <div>4</div> <div>11</div> <div>12</div> <div>13</div> <div>14</div>															
						Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street									
						At						Feet N S E W of or Mile Marker Exit Number									
						Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street									
Also at Intersection with						Feet N S E W of						Route# Intersecting Roadway/Street									
Route# Direction Name of Intersecting Roadway/Street						Landmark															
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# 24-259-AC											
License # SA0061051 St MA DOB/Age 12/05/1975														Reg # 4GSF47 Reg Type PAN Reg State MA							
Sex F		Lic. Class D 19 19		Lic. Restrictions 1 20		CDL Endorsement		Veh Year 2021 Veh Make TOYOTA Veh Config. 1 21													
Operator KARIUKI, MERCY NGIMA														Owner KARIUKI, MERCY NGIMA							
Address 62 FAIRVIEW AVE														Address 62 FAIRVIEW AVE							
City DUDLEY State MA Zip 01571-3485														City DUDLEY State MA Zip 01571-3485							
Insurance Company SAFETY INSURANCE COMPANY														Vehicle Action Prior to Crash 5 22				Damaged Area Code: 8 27 27 27			
Vehicle Travel Direction: N S E X 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 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? 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 1 4 0 0 10 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 # S17969205 St MA DOB/Age 04/10/1966														Reg # 2ZVG23 Reg Type PC Reg State MA							
Sex F		Lic. Class D 19 19		Lic. Restrictions 1 20		CDL Endorsement		Veh Year 2022 Veh Make NISSAN Veh Config. 1 21													
Operator KEDZIOR JAROSZEWSKA, BOZENA														Owner KEDZIOR JAROSZEWSKA, BOZENA							
Address 410 WEST MAIN ST														Address 410 WEST MAIN ST							
City DUDLEY State MA Zip 01571-5936														City DUDLEY State MA Zip 01571-5936							
Insurance Company THE COMMERCE INSURANCE CO														Vehicle Action Prior to Crash 1 22				Damaged Area Code: 2 27 27 27			
Vehicle Travel Direction: N S E X 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 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																					
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 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 traveling west bound on Washington Street (public way) when it collided with vehicle 2 also traveling west bound on Washington Street. Vehicle 1 was attempting to change lanes when the crash occurred. Minimal damage to both vehicles. 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 Matthew Rattray

Police Officer Name (Please Print)

Signature

95MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/02/2024

Date