

Police Use Only			Commonwealth of Massachusetts					RMV Document Number					
Date of Crash 08/05/2024	Time of Crash 0750 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 50	Latitude	Longitude	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>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>							
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# 24-265-AC						
License # S55891448 St MA DOB/Age 02/06/1987						Reg # 989YL6 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 MIRANDA, THOMAS A Last First Middle						Owner MIRANDA, THOMAS A Last First Middle							
Address 21 BARCLAY ST APT 2						Address 21 BARCLAY ST APT 2							
City WORCESTER State MA Zip 01604-4382						City WORCESTER State MA Zip 01604-4382							
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 11 22 Damaged Area Code: 2 27 27 27							
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 2 23 23 23 23 Test Status: 1 28							
Citation # (If Issued)						Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Most Harmful Event 2 24 BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Driver Distracted by 0 26 26						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		X	X	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 # S32214191 St MA DOB/Age 03/15/1979						Reg # 951308 Reg Type CON Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2010 Veh Make FORD Veh Config. 8 21							
Operator SMITH, STEPHEN ALDRICH Last First Middle						Owner WESCOR PARKING CONTROLS INC Last First Middle							
Address 48 IRONSTONE RD						Address 16 TECHNOLOGY DR							
City UXBRIDGE State MA Zip 01569-2217						City AUBURN State MA Zip 01501-3211							
Insurance Company VALLEY FORGE INSURANCE CO						Vehicle Action Prior to Crash 10 22 Damaged Area Code: 0 27 27 27							
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 2 23 23 23 23 Test Status: 1 28							
Citation # (If Issued)						Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Most Harmful Event 2 24 BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32							
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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		X	X	1	1	4	0	0	10	1	

➡ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian 🚲 = Bicycle

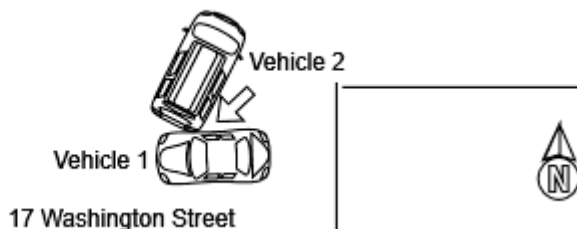
Crash Diagram:

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 pulled into the parking lot of 17 Washington Street after a road rage incident that began in Worcester, MA. While in the parking lot, operator of vehicle 1 states that the operator of vehicle 2 purposely backed into vehicle 1. Operator of vehicle 2 states he was backing up to leave the parking lot and did not intentionally hit vehicle 1. No damage on vehicle 2, minor damage of vehicle 1.

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

08/05/2024

Date