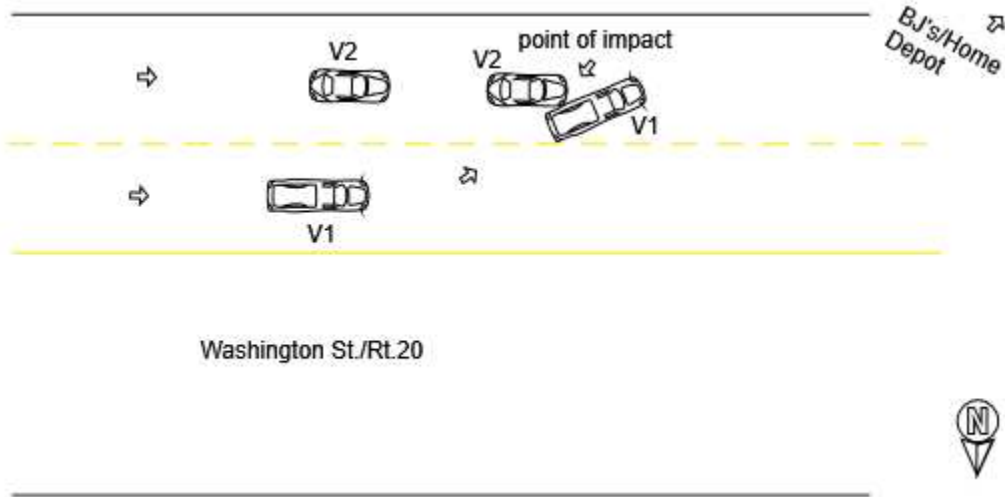


Police Use Only			Commonwealth of Massachusetts					RMV Document Number							
Date of Crash 08/07/2024		Time of Crash 1043 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" 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 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-266-AC							
License # S91780810 St MA DOB/Age 11/16/1970							Reg # 152VJ1 Reg Type PAN Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement							Veh Year 2019 Veh Make TOYOTA Veh Config. 1 21								
Operator MORGAN, DONOVAN DWIGHT Last First Middle							Owner MORGAN, DONOVAN DWIGHT Last First Middle								
Address 102 LINDEN ST							Address 102 LINDEN ST								
City HYANNIS State MA Zip 02601-5704							City HYANNIS State MA Zip 02601-5704								
Insurance Company SAFECO INSURANCE COMPANY							Vehicle Action Prior to Crash 4 22 Damaged Area Code: 6 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 6 25 25 BAC Test Result: 1 30								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub							Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Please fill out for operator and all occupants involved							Towed from scene? 1 33								
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								
SABRINA MORGAN 88 COMPASS CIR HYANNIS, MA 02601-2739							12/12/2003 F 3 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 # S31622730 St MA DOB/Age 07/12/1950							Reg # 4177PV Reg Type PAN Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement							Veh Year 1999 Veh Make GMC Veh Config. 1 21								
Operator ROCHETTE, GARY ARTHUR Last First Middle							Owner ROCHETTE, GARY ARTHUR Last First Middle								
Address 82 N MAIN ST							Address 82 N MAIN ST								
City WEBSTER State MA Zip 01570-2235							City WEBSTER State MA Zip 01570-2235								
Insurance Company GEICO GENERAL INSURANCE C							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								
Please fill out for operator and all occupants involved							Towed from scene? 2 33								
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:

Both Vehicle 1 and 2 were traveling westbound on Washington St. (public way in Auburn).

Vehicle 1 made an unsafe lane change, striking Vehicle 2. No injuries to report and

Vehicle 1 was 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

Police Officer Name (Please Print)

Signature

75DC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/07/2024

Date