Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
08/16/2024	1520 (24HR)	Auburn	1	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

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

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street: 31 | | | ROCKLAND RD

_____ Feet [N] [S] [E] [W] of — — — • — — Mile Marker or _____ 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 1 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 24-279-AC

License # SA3231452 St MA DOB/Age 05/29/1983

Sex M Lic. Class D Lic. Restrictions CDL Endorsement

Operator SOARES, RODRIGO DA SILVA (Last First Middle)

Address 34 JEFFERSON ST APT 3

City WORCESTER State MA Zip 01604-4599

Insurance Company OLD REPUBLIC INSURANCE

Vehicle Travel Direction: [N] [S] [E] [W] Responding to Emergency? 2

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 3DP407 Reg Type APN Reg State OK

Veh Year 2019 Veh Make FORD Veh Config. 97

Owner CENTRE POINT FUNDING LLC/BUDGET TRUCK RENTAL (Last First Middle)

Address 300 CENTRE POINTE DR

City VIRGINIA BEACH State VA Zip 23462

Vehicle Action Prior to Crash: 2

Event Sequence: 4

Most Harmful Event: 4

Driver Contributing Code: 99

Driver Distracted by: 5

Damaged Area Code: 0

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: | Susp. Drug:

Towed from scene? 2

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: ☐ Vehicle 2 — #Occupants ☐ Hit/Run ☐ Moped ☒ **Vulnerable User** Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL Endorsement _____

Operator _____ (Last First Middle)

Address _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Travel Direction: [N] [S] [E] [W] Responding to Emergency? _____

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # _____ Reg Type _____ Reg State _____

Veh Year _____ Veh Make _____ Veh Config. _____

Owner _____ (Last First Middle)

Address _____

City _____ State _____ Zip _____

Vehicle Action Prior to Crash:

Event Sequence:

Most Harmful Event:

Driver Contributing Code:

Driver Distracted by:

Damaged Area Code:

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: | Susp. Drug:

Towed from scene?

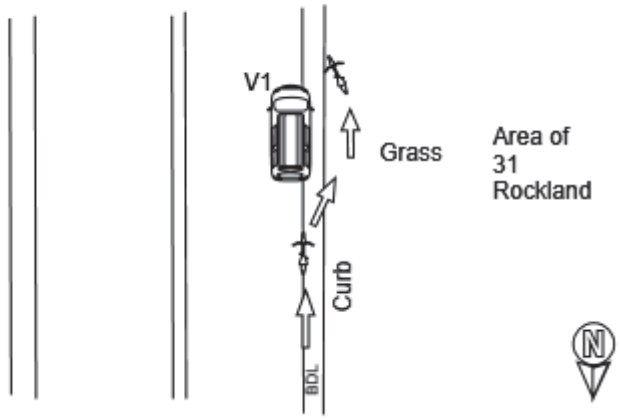
Please fill out for operator and all occupants involved

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							

= 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

I[illegible] Arrow

Crash Narrative:

See attached supp. narrative.

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 Laskes		72ML	Auburn Police Department		08/16/2024
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User

Type: 9 (VU1) | Action: 2 (VU2) | Location: 8 (VU3)

VU: CARLSON, JAMES E (Last, First, Middle)

Address: 1 WETHERD ST

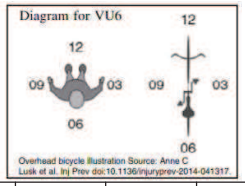
City: AUBURN State: MA Zip: 01501

License #: S17146888 St: MA DOB/Age: 11/12/1980

Traffic Control Device: VU4

Origin/Destination: 99 (VU5)

Contact Point: 12 (VU6)



Primary Injury Area: 4 (VU7)

Event Sequence: 6 (VU8) | VU8 | VU8 | VU8

Contributing Code: 99 (VU9) | VU9

Distracted by: 1 (VU10) | VU10

Test Status: VU11

Type of Test: VU12

BAC Test Result: VU13

Susp. Alcohol: VU14

Susp. Drug: VU15

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User	M	8	99	1	0	8	0	

Vulnerable User

Type: VU1 | Action: VU2 | Location: VU3

VU: (Last, First, Middle)

Address:

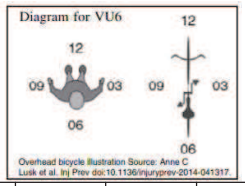
City: State: Zip:

License #: St: DOB/Age:

Traffic Control Device: VU4

Origin/Destination: VU5

Contact Point: VU6



Primary Injury Area: VU7

Event Sequence: VU8 | VU8 | VU8 | VU8

Contributing Code: VU9 | VU9

Distracted by: VU10 | VU10

Test Status: VU11

Type of Test: VU12

BAC Test Result: VU13

Susp. Alcohol: VU14

Susp. Drug: VU15

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

Vulnerable User

Type: VU1 | Action: VU2 | Location: VU3

VU: (Last, First, Middle)

Address:

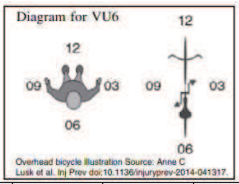
City: State: Zip:

License #: St: DOB/Age:

Traffic Control Device: VU4

Origin/Destination: VU5

Contact Point: VU6



Primary Injury Area: VU7

Event Sequence: VU8 | VU8 | VU8 | VU8

Contributing Code: VU9 | VU9

Distracted by: VU10 | VU10

Test Status: VU11

Type of Test: VU12

BAC Test Result: VU13

Susp. Alcohol: VU14

Susp. Drug: VU15

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								