

Police Use Only			Commonwealth of Massachusetts					RMV Document Number				
Date of Crash 08/18/2024	Time of Crash 1555 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"/> <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 NSE of or Mile Marker Exit Number</div> <div>Feet NSEW of Route# Intersecting Roadway/Street</div> <div>Feet NSEW 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# 24-283-AC					
License # 34733253 St PA DOB/Age 05/10/1996						Reg # MGL0931 Reg Type PC Reg State PA						
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21						
Operator PATEL, JARMI RAJCHANDRA						Owner PATEL, JARMI RAJCHANDRA						
Address 7373 RIDGE AVE APT 330						Address 7373 RIDGE AVE APT 330						
City PHILADELPHIA State PA Zip 19128						City PHILADELPHIA State PA Zip 19128						
Insurance Company STATE FARM						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 6 27 27 27						
Vehicle Travel Direction: NSE 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: 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 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 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 # SA5770134 St MA DOB/Age 05/31/2004						Reg # 2PTL52 Reg Type PC Reg State MA						
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2006 Veh Make TOYOTA Veh Config. 1 21						
Operator LUNDQUIST, ALEXANDRA NICOLE						Owner LUNDQUIST, ALEXANDRA NICOLE						
Address 42 HAMMOND HILL RD APT 5						Address 42 HAMMOND HILL RD APT 5						
City CHARLTON State MA Zip 01507-1580						City CHARLTON State MA Zip 01507-1580						
Insurance Company FOREMOST INSURANCE COMPAN						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27						
Vehicle Travel Direction: NSE 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: 2 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25 BAC Test Result: 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 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 → ○ → ○

WASHINGTON STREET



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

↓ Arrow



Crash Narrative:

VEHICLE ONE WAS SLOWING DOWN WITH THE REST OF TRAFFIC, VEHICLE 2 OPERATOR HAD HER FLIP FLOP SLIGHTLY STUCK UNDER HER BRAKE PEDAL, CREATING A SLIGHT LAPSE OF TIME ENGAGING THE BRAKE CAUSING HER TO CRASH INTO 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 ANDREW F MARKVENAS

Police Officer Name (Please Print)

Signature

93AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/18/2024

Date