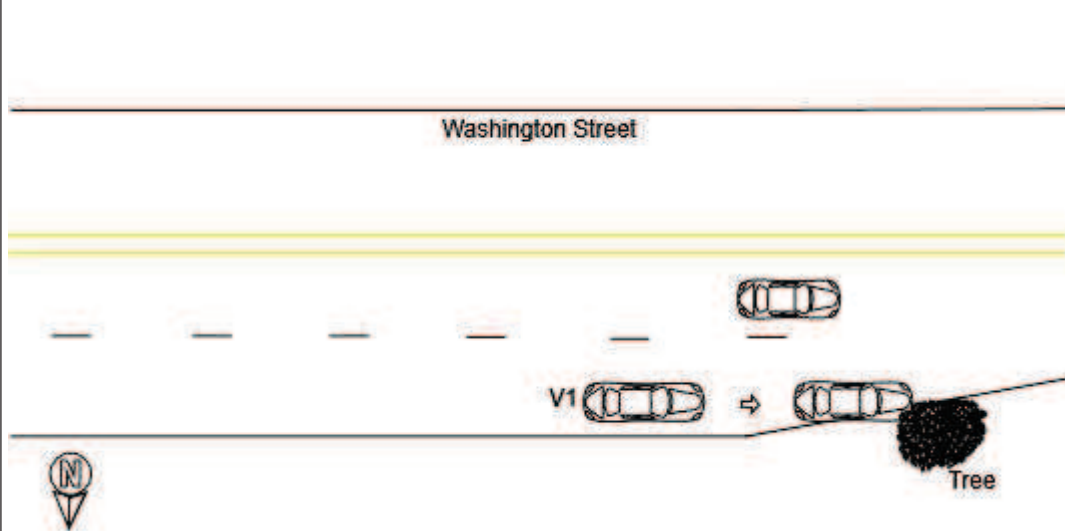


Police Use Only			Commonwealth of Massachusetts					RMV Document Number									
Date of Crash 08/19/2024		Time of Crash 1022 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 45 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
<div>1</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>2</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>										<div>10</div>	
																<div>11</div>	
																<div>1</div>	
																<div>11</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# 24-285-AC									
License # 21353551 St RI DOB/Age 02/22/1997						Reg # 1JC695 Reg Type APN Reg State RI										<div>12</div>	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2022 Veh Make CHEVROLET Veh Config. 2 21										<div>7</div>	
Operator BAKER, TARJAI G Last First Middle						Owner ENTERPRISE FM TRUST Last First Middle										<div>13</div>	
Address 104 CLEVELAND ST APT 3						Address 1296B PARK AVE										<div>14</div>	
City PAWTUCKET State RI Zip 02860						City CRANSTON State RI Zip 02910										<div>15</div>	
Insurance Company OLD REPUBLIC INSURANCE CO						Vehicle Action Prior to Crash 1 22										<div>16</div>	
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 21 23 23 23 23										<div>17</div>	
Citation # (If Issued)						Most Harmful Event 1 24										<div>18</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25										<div>19</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26										<div>20</div>	
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved										<div>21</div>	
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										<div>22</div>	
																<div>23</div>	
																<div>24</div>	
																<div>25</div>	
																<div>26</div>	
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
License # St DOB/Age						Reg # Reg Type Reg State										<div>27</div>	
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21										<div>28</div>	
Operator Last First Middle						Owner Last First Middle										<div>29</div>	
Address						Address										<div>30</div>	
City State Zip						City State Zip										<div>31</div>	
Insurance Company						Vehicle Action Prior to Crash 22										<div>32</div>	
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23										<div>33</div>	
Citation # (If Issued)						Most Harmful Event 24										<div>34</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25										<div>35</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26										<div>36</div>	
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved										<div>37</div>	
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										<div>38</div>	
																<div>39</div>	
																<div>40</div>	
																<div>41</div>	

→ = 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:

V1 was traveling westbound on Washington Street. V1 did not yield to merge and crashed into a small tree off of the road. V1 sustained front end damage but deemed operable.

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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/19/2024

Date