

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 08/23/2024		Time of Crash 1114 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		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>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>10</div> <div>47 AUBURN ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or</div> <div>Mile Marker Exit Number</div> <div>2</div> <div>11</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 13 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-291-AC									
License # S23862455 St MA DOB/Age 10/12/1953						Reg # 1910XL Reg Type PAN Reg State MA											
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2021 Veh Make HONDA Veh Config. 1											
Operator SHERIDAN, DEBORAH IRENE						Owner SHERIDAN, DEBORAH IRENE											
Address 27 THAYER AVE						Address 27 THAYER AVE											
City AUBURN State MA Zip 01501-3129						City AUBURN State MA Zip 01501-3129											
Insurance Company QUINCY MUTUAL FIRE INSURA						Vehicle Action Prior to Crash 2											
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23											
Citation # (If Issued)						Most Harmful Event 1											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26											
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved											
Operator						See Above											
PAULINE SHERIDAN						111 SOUTH ST AUBURN, MA 01501-2728											
EVAN																	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
License # SA9140537 St MA DOB/Age 01/01/1999						Reg # 2SLV43 Reg Type PAN Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2005 Veh Make TOYOTA Veh Config. 1											
Operator NAEEM, MOHAMMAD						Owner NAEEM, MOHAMMAD											
Address 6 UPLAND GARDENS DR APT 10						Address 6 UPLAND GARDENS DR APT 10											
City WORCESTER State MA Zip 01607-1671						City WORCESTER State MA Zip 01607-1671											
Insurance Company PILGRIM INSURANCE COMPANY						Vehicle Action Prior to Crash 1											
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23											
Citation # (If Issued)						Most Harmful Event 1											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26											
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved											
Operator/Occupants						See Above											
MUDASIR ALAM						230 MAY ST WORCESTER, MA 01602											

→ = 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 stopped for traffic light when vehicle #2 rear ended 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 Tod J Kuchnicki

Police Officer Name (Please Print)

Signature

49TK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/23/2024

Date