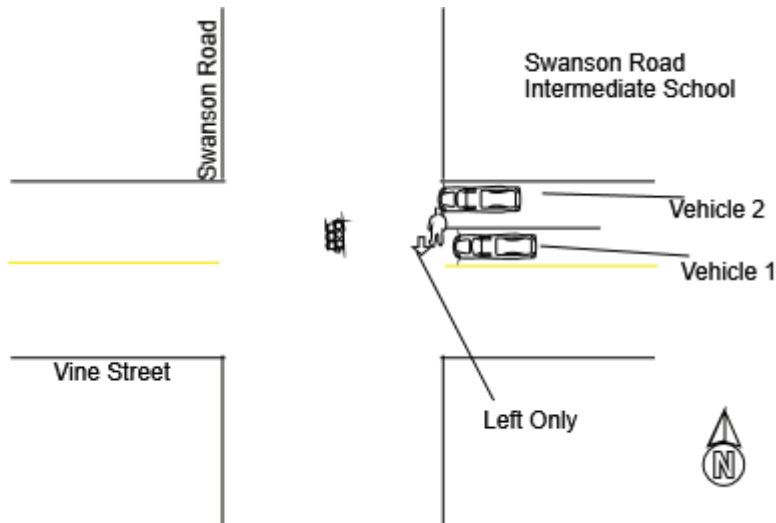


Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 09/03/2024		Time of Crash 1820 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 25		State Police Local Police MBTA Police Campus Police 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>10</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>SWANSON RD</div> <div>Feet N S E W of or</div> <div>Mile Marker Exit Number</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>																									
						<div>5</div> <div>11</div>																									
						<div>1</div> <div>12</div>																									
						<div>13</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# 24-304-AC																							
License # 069601047 St CT DOB/Age 06/16/1971						Reg # AS23529 Reg Type PAN Reg State CT																									
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2017 Veh Make NISSAN Veh Config. 1 21																									
Operator DANA, ANDREW MERRIL						Owner DANA, ANDREW																									
Address 242 QUADDICK TOWN FARM RD						Address 242 QUADDICK TOWN FARM RD																									
City THOMPSON State CT Zip 06277						City THOMPSON State CT Zip 06288																									
Insurance Company ARBELLA INSURANCE						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 99 27 0 27 27																									
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 12 23 23 23 23 Test Status: 1 28																									
Citation # (If Issued)						Most Harmful Event 12 24 Type of Test: 29																									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 30																									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 32																									
Driver Distracted by 26 26						Towed from scene? 2 33																									
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						X		X		1		0		4		0		0		10		1			
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input checked="" type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																							
License # St DOB/Age						Reg # Reg Type Reg State																									
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21																									
Operator						Owner																									
Address						Address																									
City State Zip						City State Zip																									
Insurance Company						Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27																									
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23 Test Status: 28																									
Citation # (If Issued)						Most Harmful Event 24 Type of Test: 29																									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 30																									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32																									
Driver Distracted by 26 26						Towed from scene? 33																									
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						X		X		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:

Victim running in cross walk, vehicle 1 stopped in left lane to turn left, vehicle 2 continuing straight, as victim stepped into vehicle 2 lane, vehicle struck his leg and he spun off

### Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
GARABEDIAN RACHEL ANNA	23 DAVIS RD AUBURN MA 01501-3101		

### 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

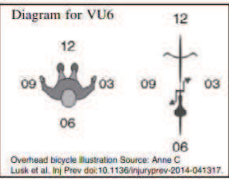
Department

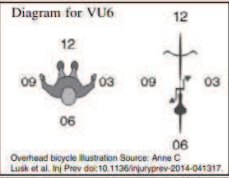
Precinct/Barracks

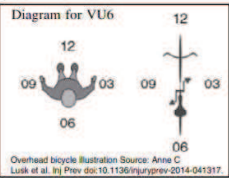
09/03/2024

Date

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

Vulnerable User		Type	Action		Location							
VU: <b>BRANDT, COOPER</b> <small style="display: flex; justify-content: space-between; font-size: 0.8em;">Last First Middle</small>		1	2		1							
Address <b>8 MARILYN DR</b> City <b>AUBURN</b> State <b>MA</b> Zip <b>01501</b>				Primary Injury Area: 4					Test Status: 1			
License # _____ St _____ DOB/Age <b>12/09/2009</b>				Event Sequence 4 97		VU8 VU8		Type of Test: VU12				
Traffic Control Device 3				Contributing Code 1 16		VU9 VU9		BAC Test Result: VU13				
Origin/Destination 97				Distracted by 1		VU10 VU10		Susp. Alcohol: VU14				
Contact Point: 03								Susp. Drug: VU15				
												
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	<b>Medical Facility</b>				
Vulnerable User		M	97	99	0	0	8	1				

Vulnerable User		Type	Action		Location							
VU: _____ <small style="display: flex; justify-content: space-between; font-size: 0.8em;">Last First Middle</small>		VU1			VU3							
Address _____ City _____ State _____ Zip _____				Primary Injury Area: VU7					Test Status: VU11			
License # _____ St _____ DOB/Age _____				Event Sequence VU8 VU8 VU8 VU8		VU8 VU8		Type of Test: VU12				
Traffic Control Device VU4				Contributing Code VU9 VU9		VU9 VU9		BAC Test Result: VU13				
Origin/Destination VU5				Distracted by VU10 VU10		VU10 VU10		Susp. Alcohol: VU14				
Contact Point: VU6								Susp. Drug: VU15				
												
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	<b>Medical Facility</b>				
Vulnerable User												

Vulnerable User		Type	Action		Location							
VU: _____ <small style="display: flex; justify-content: space-between; font-size: 0.8em;">Last First Middle</small>		VU1			VU3							
Address _____ City _____ State _____ Zip _____				Primary Injury Area: VU7					Test Status: VU11			
License # _____ St _____ DOB/Age _____				Event Sequence VU8 VU8 VU8 VU8		VU8 VU8		Type of Test: VU12				
Traffic Control Device VU4				Contributing Code VU9 VU9		VU9 VU9		BAC Test Result: VU13				
Origin/Destination VU5				Distracted by VU10 VU10		VU10 VU10		Susp. Alcohol: VU14				
Contact Point: VU6								Susp. Drug: VU15				
												
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	<b>Medical Facility</b>				
Vulnerable User												