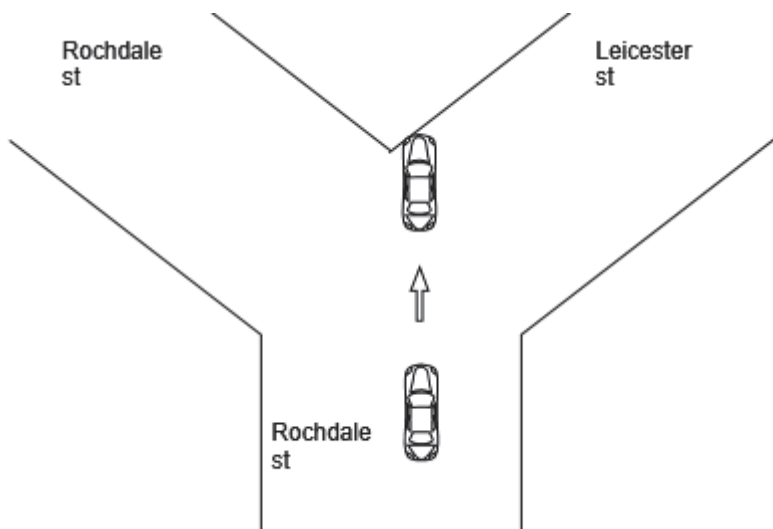


Police Use Only			Commonwealth of Massachusetts										RMV Document Number														
Date of Crash 09/10/2024		Time of Crash 0038 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:													
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																			
LEICESTER ST														2 10													
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																					
At																											
ROCHDALE ST														1 11													
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Mile Marker Exit Number																					
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street																					
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of																					
						Landmark																					
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# 24-310-AC																			
License # S66143752 St MA DOB/Age 07/13/1980						Reg # VT3D28 Reg Type PC Reg State MA						1 12															
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2013 Veh Make HYUNDAI Veh Config. 1 21						1 12															
Operator PROVENCHER, SCOTT B						Owner PROVENCHER, SCOTT B																					
Address 22 CARLETON RD						Address 22 CARLETON RD																					
City ROCHDALE State MA Zip 01542-1144						City ROCHDALE State MA Zip 01542-1144																					
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 1 27 27 27															
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 24 23 23 23 23						Test Status: 1 28															
Citation # (If Issued)						Most Harmful Event 24 24						Type of Test: 0 29															
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 21 25 25						BAC Test Result: 1 30															
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32															
						Towed from scene? 3 33						24 13															
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		■		■		■■■■■	
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																					
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						Driver Contributing Code 25 25						BAC Test Result: 30															
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26						Susp. Alcohol: 31 Susp. Drug: 32															
						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

North Arrow



Crash Narrative:

Vehicles Operator stated he was traveling Eastbound on Rochdale St. Operator stated he fell asleep and struck the guardrail. [REDACTED]

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 Bryan A Porcaro

Police Officer Name (Please Print)

Signature

69BP

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/10/2024

Date