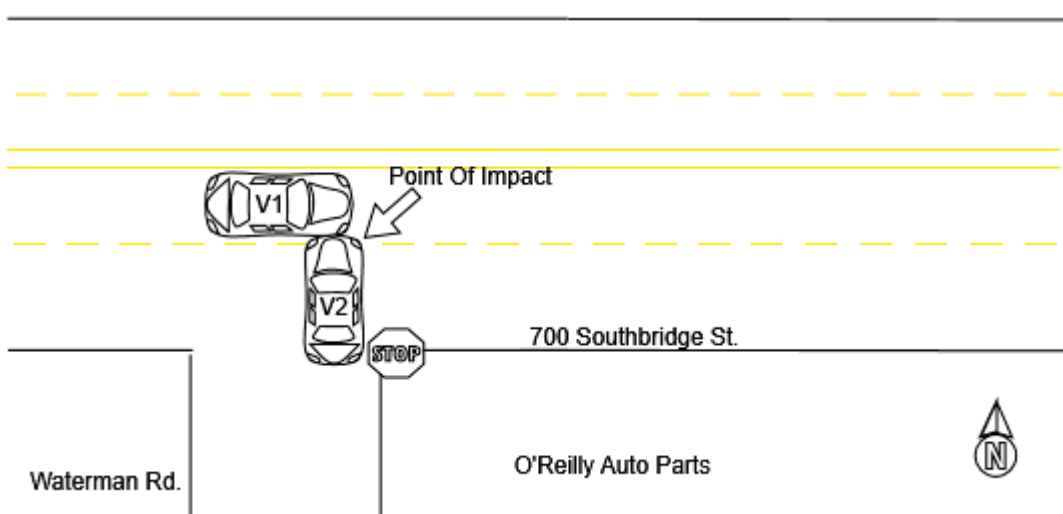


Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 09/12/2024		Time of Crash 1455 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:										
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 N S E W of or Exit Number</div> <div>Feet N S E W of 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 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-314-AC															
License # St. DOB/Age						Reg # 3DNM98 Reg Type PC Reg State MA																	
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2015 Veh Make CHEVROLET Veh Config. 121																	
Operator Last First Middle						Owner FORTUNE, TYLER MURPHY Last First Middle																	
Address						Address 23 WILLOW HILL RD																	
City State Zip						City CHERRY VALLEY State MA Zip 01611-3009																	
Insurance Company VERMONT MUTUAL INSURANCE						Vehicle Action Prior to Crash 122				Damaged Area Code: 227 27 27													
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 123 23 23 23				Test Status: 128													
Citation # (If Issued)						Most Harmful Event 124				Type of Test: 029													
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 125 25				BAC Test Result: 30													
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 026 26				Susp. Alcohol: 231 Susp. Drug: 232													
Please fill out for operator and all occupants involved						Towed from scene? 133																	
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		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 # St. DOB/Age						Reg # 3VCG85 Reg Type PAN Reg State MA																	
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2011 Veh Make NISSAN Veh Config. 121																	
Operator Last First Middle						Owner WAITHANJI, ANTHONY NGUMI Last First Middle																	
Address						Address 36 PIONEER LN																	
City State Zip						City AUBURN State MA Zip 01501-1848																	
Insurance Company PROGRESSIVE						Vehicle Action Prior to Crash 122				Damaged Area Code: 127 27 27													
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 123 23 23 23				Test Status: 128													
Citation # (If Issued)						Most Harmful Event 124				Type of Test: 029													
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1925 25				BAC Test Result: 30													
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 026 26				Susp. Alcohol: 231 Susp. Drug: 232													
Please fill out for operator and all occupants involved						Towed from scene? 233																	
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		1		4		0		0		10		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:

V1 was travelling Southbound on Southbridge St. V2 was exiting Waterman Rd. attempting to make a left hand turn, heading Northbound on Southbridge St. V2 crashed in the right front side of V1. V2 stopped at the stop sign, and thought they could make the turn in time. V1 was towed from the scene by Direnzo's. There were no reported injuries. V2 was able to drive away from the scene.

### 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 Jason P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/12/2024

Date