

Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 12/02/2024		Time of Crash 1128 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 5		State Police <input type="checkbox"/>		Local Police <input checked="" type="checkbox"/>		MBTA Police <input type="checkbox"/>		Campus Police <input type="checkbox"/>		Other: <input type="checkbox"/>									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																							
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street Feet N S E W of . or Mile Marker Exit Number Feet N S E W of Route# 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# 24-429-AC																			
License # S80194117 St MA DOB/Age 07/24/1952 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator FIELD, CAROL ELIZABETH Address 16 COOK ST City DOUGLAS State MA Zip 01516-2055 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 5TYZ18 Reg Type PC Reg State MA Veh Year 2024 Veh Make TOYOTA Veh Config. 1 21 Owner FIELD, CAROL ELIZABETH Address 16 COOK ST City DOUGLAS State MA Zip 01516-2055 Vehicle Action Prior to Crash 11 22 Event Sequence 97 23 23 23 23 Most Harmful Event 97 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 5 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 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		5		3		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 # S45061041 St MA DOB/Age 01/29/1959 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator MOORE, CYNTHIA A Address 401 HERITAGE LN APT 401 City AUBURN State MA Zip 01501-2264 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # PS847 Reg Type PC Reg State MA Veh Year 2023 Veh Make JEEP Veh Config. 1 21 Owner MOORE, PAULA Address 401 HERITAGE LN City AUBURN State MA Zip 01501 Vehicle Action Prior to Crash 1 22 Event Sequence 2 23 23 23 23 Most Harmful Event 2 24 Driver Contributing Code 1 25 25 Driver Distracted by 26 26 Damaged Area Code: 8 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33																									
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Operator/Occupants						See Above						X		X		1		0		99		99		99		10		1			

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ○ = Bicycle

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

HOME  
DEPOT



### If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

↑ Arrow

### Crash Narrative:

VEHICLE 2 BUMPED INTO VEHICLE 1'S BUMPER

### 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 ANDREW F MARKVENAS

Police Officer Name (Please Print)

Signature

93AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/02/2024

Date