

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/17/2024	Time of Crash 0623 24HR	City/Town Auburn	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 45	Latitude	Longitude	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:
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Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		
At			Feet N S E W of . or Mile Marker Exit Number		
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street		
Also at Intersection with			Feet N S E W of Landmark		
Route# Direction Name of Intersecting Roadway/Street					

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 1 Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 24-411-AC
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License # S38806934 St MA DOB/Age 01/05/1971	Reg # N64774 Reg Type CON Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement	Veh Year 2012 Veh Make CHEVROLET Veh Config. 1
Operator HIGGINS, MICHAEL PATRICK	Owner HIGCO LLC
Address 785 OXFORD STREET SO	Address 12 GASLIGHT LN
City AUBURN State MA Zip 01501-1843	City FRAMINGHAM State MA Zip 01702-5540
Insurance Company QUINCY MUTUAL FIRE INSURA	Vehicle Action Prior to Crash 1
Vehicle Travel Direction: N S X W Responding to Emergency? 2	Event Sequence 5 23 23 23 23
Citation # (If Issued)	Most Harmful Event 5 24
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
Damaged Area Code: 1 27 27 27	
Test Status: 1 28	
Type of Test: 29	
BAC Test Result: 30	
Susp. Alcohol: 2 31 Susp. Drug: 2 32	
Towed from scene? 2 33	

Please fill out for operator and all occupants involved		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	1	1	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 type="checkbox"/> Vulnerable User Complete the Vulnerable User section.
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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
Vehicle Travel Direction: N S E W Responding to Emergency?	Damaged Area Code: 27 27 27
Citation # (If Issued)	Event Sequence 23 23 23 23
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub	Most Harmful Event 24
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	Driver Contributing Code 25 25
Driver Distracted by 26 26	BAC Test Result: 30
	Susp. Alcohol: 31 Susp. Drug: 32
	Towed from scene? 33

Please fill out for operator and all occupants involved		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	1							

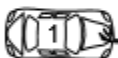
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Washington Street

Point of Impact



475 Washington Street



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 was traveling eastbound on Washington Street (public way when a deer ran out in front of Vehicle #1 from the area of 475 Washington Street. Vehicle #1 had some center front damage. Vehicle did not need to be towed 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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/17/2024

Date