

Police Use Only			Commonwealth of Massachusetts					RMV Document Number								
Date of Crash 12/02/2024		Time of Crash 1206 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2		Number Injured 0		Speed Limit 30 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:										
UPLAND ST																
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 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-431-AC								
License # S48420742 St MA DOB/Age 05/30/1986										Reg # 568FL2 Reg Type PC Reg State MA						
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement										Veh Year 2018 Veh Make FORD Veh Config. 1 21						
Operator ETHIER, ZACHARRI D										Owner ETHIER, ZACHARRI D						
Address 35 UPLAND ST APT 1										Address 35 UPLAND ST APT 1						
City WORCESTER State MA Zip 01609-2476										City WORCESTER State MA Zip 01609-2476						
Insurance Company THE COMMERCE INSURANCE CO										Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27						
Vehicle Travel Direction: N S E X Responding to Emergency? 2										Event Sequence 1 23 23 23 23 Test Status: 1 28						
Citation # (If Issued)										Most Harmful Event 1 24 Type of Test: 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub										Driver Contributing Code 10 25 2 25 BAC Test Result: 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub										Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 32						
Please fill out for operator and all occupants involved										Towed from scene? 2 33						
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										1 1 4 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 # S96368724 St MA DOB/Age 07/03/1996										Reg # 3FMR86 Reg Type PC Reg State MA						
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement										Veh Year 2015 Veh Make FORD Veh Config. 1 21						
Operator PARRIS-WARNER, SHYNIA RENEE										Owner RIVERA, ALYSIA JADEN						
Address 39 GRAND ST APT 1L										Address 7 FALMOUTH ST APT 2						
City WORCESTER State MA Zip 016**										City WORCESTER State MA Zip 01607-1860						
Insurance Company PROGRESSIVE DIRECT INSURA										Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 27 27						
Vehicle Travel Direction: N S X W Responding to Emergency? 2										Event Sequence 1 23 23 23 23 Test Status: 1 28						
Citation # (If Issued)										Most Harmful Event 1 24 Type of Test: 29						
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Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub										Driver Distracted by 0 26 0 26 Susp. Alcohol: 2 31 Susp. Drug: 32						
Please fill out for operator and all occupants involved										Towed from scene? 2 33						
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										1 1 4 0 0 10 1						

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

PAKACHOAG GOLF COURSE

UPLAND 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 2 was traveling erratically, crossing marked lanes, high speeds, causing vehicle 1 to slow down and pull to the right to avoid a head on collision

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