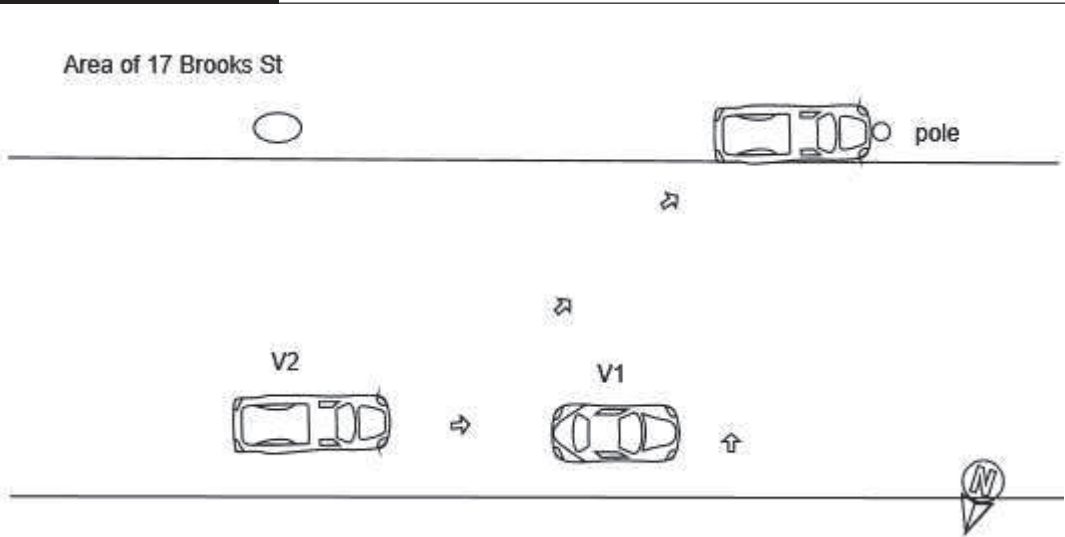


Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 12/05/2024		Time of Crash 0820 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 0		Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
<div>1</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>2</div> <div>17 BROOK ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of . or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>													
						<div>2</div>													
						<div>2</div>													
						<div>2</div>													
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-436-AC											
License # S79553411 St MA DOB/Age 06/02/1997						Reg # 1VXV21 Reg Type PC Reg State MA													
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2010 Veh Make MERCEDES-BENZ Veh Config. 1 21													
Operator AJAYI, TOLUWANIMI O						Owner OLABINJO, OLANREWaju													
Address 22 BARRETT ST						Address 22 BARRETT ST													
City NEEDHAM State MA Zip 02492-1516						City NEEDHAM State MA Zip 02492-1516													
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 1 22													
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23													
Citation # (If Issued)						Most Harmful Event 1 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													
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved													
Operator						See Above													
TMITOPE OLABINJO						22 BARRETT ST NEEDHAM, MA 02492-1516													
						02/24/1997 F 3 1 4 0 0 10 1													
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.											
License # S39855445 St MA DOB/Age 11/15/1993						Reg # 3FHA14 Reg Type PC Reg State MA													
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2021 Veh Make TOYOTA Veh Config. 1 21													
Operator HEAVENS, ANDREW						Owner HEAVENS, ANDREW													
Address 93 THERESA CIR						Address 93 THERESA CIR													
City WHITINSVILLE State MA Zip 01588-1732						City WHITINSVILLE State MA Zip 01588-1732													
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 1 22													
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23													
Citation # (If Issued)						Most Harmful Event 1 24													
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 5 25 25													
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26													
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved													
Operator/Occupants						See Above													
						4													

→ = 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

↓ Arrow

Crash Narrative:

V1 slowed as it travelled on Brooks St. V2 attempted to slow but due to road conditions (snow/ice) he was unable to. Roadway was untreated and not plowed. V2 struck V1 and slid into telephone pole

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 Adam D Gustafson

Police Officer Name (Please Print)

Signature

62AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/05/2024

Date