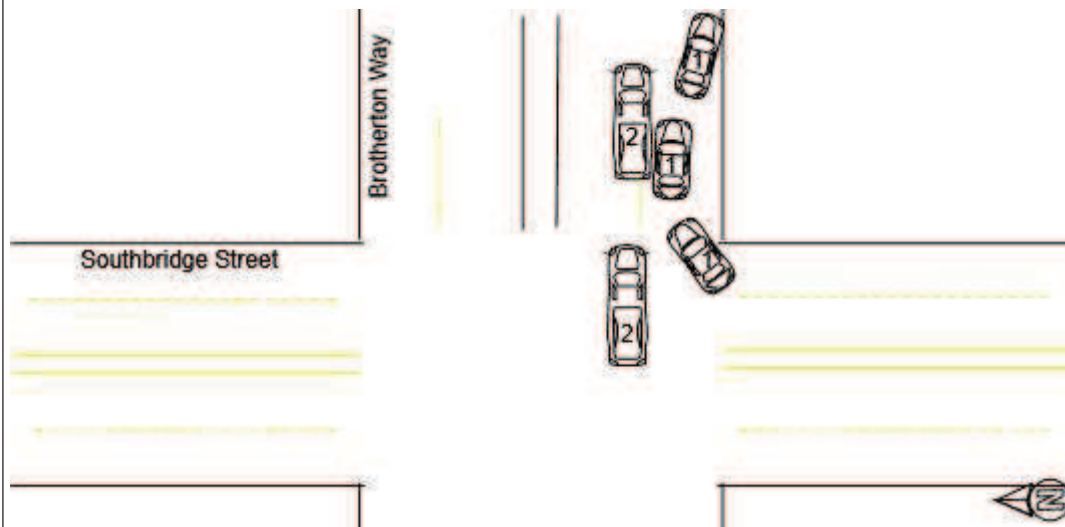


Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 01/21/2025		Time of Crash 1146 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																							
<div>1</div> <div>1</div> <div>1</div> <div>1</div>						<div>2</div> <div>10</div> <div>4</div> <div>11</div>																									
						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						Route# Intersecting Roadway/Street																			
Route# Direction Name of 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# 25-35-AC																							
License # S95854647 St MA DOB/Age 09/06/1953						Reg # 4YN541 Reg Type PAN Reg State MA																									
Sex U Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2011 Veh Make TOYOTA Veh Config. 1 21																									
Operator AGYEMAN, KOFIKURAGU SR						Owner AGYEMAN, KOFIKURAGU SR																									
Address 11 KIMBALL RD						Address 11 KIMBALL RD																									
City AUBURN State MA Zip 01501-2536						City AUBURN State MA Zip 01501-2536																									
Insurance Company PLYMOUTH ROCK ASSURANCE C						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																			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 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: 2 32																			
Towed from scene? 1 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		1		2		0		0		10		1			
Please Select One of the Following:																															
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 # SA4031872 St MA DOB/Age 12/16/2004						Reg # X15408 Reg Type CON Reg State MA																									
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2022 Veh Make FORD Veh Config. 6 21																									
Operator VARGAS RIOS, FERNANDO JOSE						Owner RAY K TOWING INC																									
Address 679 WAVERLEY ST APT 1						Address 34 POND ST																									
City FRAMINGHAM State MA Zip 01702-8512						City ASHLAND State MA Zip 01721-2050																									
Insurance Company PILGRIM INSURANCE COMPANY						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 3 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																			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25						BAC Test Result: 30																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 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/Occupants						See Above						X		X		1		1		4		0		0		10		1			

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Intersection Arrow



Crash Narrative:

Vehicle #1 took a right turn onto Brotherton Way and had already made the full turn into the right lane of Brotherton Way. Vehicle #2 was coming through the intersection of Southbridge Street onto Brotherton Way and said they were traveling in left lane. The lanes merge into 1 lane a short distance after where the point of impact was. When Vehicle #1 had made the turn and was traveling straight, Vehicle #2 had hit Vehicle #1 in the side and pushed it off the road partially. No apparent injuries. Vehicle #1 was 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

01/21/2025

Date