

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 11/06/2024		Time of Crash 1105 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 5		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" 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>4 BROTHERTON WAY</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>6</div>											
						<div>11</div>											
						<div>12</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# 24-396-AC									
License # SA1691564 St MA DOB/Age 11/26/1998						Reg # 5YFC29 Reg Type PAN Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2024 Veh Make KIA Veh Config. 1 21											
Operator NAAYANA, HRUTHIK Last First Middle						Owner HERTZ VEHICLES LLC Last First Middle											
Address 38 CEDAR ST APT 333						Address 450 MCCLELLAN HWY											
City WORCESTER State MA Zip 01609						City BOSTON State MA Zip 02128-1144											
Insurance Company WESTCHESTER FIRE INSURANC						Vehicle Action Prior to Crash 8 22 Damaged Area Code: 0 27 27 27											
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 3 23 23 23 23 Test Status: 1 28											
Citation # (If Issued)						Type of Test: 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Most Harmful Event 3 24 BAC Test Result: 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 6 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Driver Distracted by 99 26 26						Towed from scene? 3 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	99	4	0	0	10	1			
VINAY BAJA		4 OLIVER ST WORCESTER, MA 01603-3052		11/11/1995		M		4	99	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 checked="" type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
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 Last First Middle						Owner Last First Middle											
Address						Address											
City State Zip						City State Zip											
Insurance Company						Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27											
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Please fill out for operator and all occupants involved																	
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Operator/Occupants		See Above		X		X		1									

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

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

See Scale Diagram



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

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

↑ Arrow



### Crash Narrative:

M/V #1 was cutting through open parking spots to make a u-turn when the operator struck a pedestrian

### 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 Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/06/2024

Date

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User		Type	1		VU1	Action	2		VU2	Location	5		VU3																												
VU: <b>CARTER, LOUISE M</b> <div>LastFirstMiddle</div> <div>Address <b>98 MAPLE ST APT 103</b></div> <div>City <b>SPENCER</b> State <b>MA</b> Zip <b>01562-2734</b></div> <div>License # <b>S59568125</b> St <b>MA</b> DOB/Age <b>08/17/1941</b></div> <div>Traffic Control Device <b>0</b> <b>VU4</b></div> <div>Origin/Destination <b>97</b> <b>VU5</b></div> <div>Contact Point: <b>99</b> <b>VU6</b></div> <div>Diagram for VU6  <small>Overhead bicycle illustration Source: Anne C. Look et al. Inj Prev doi:10.1136/injurprev-2014-041317</small></div> <div>Primary Injury Area: <b>4</b> <b>VU7</b></div> <div>Event Sequence <b>97</b> <b>VU8</b> <b>VU8</b> <b>VU8</b> <b>VU8</b></div> <div>Contributing Code <b>1</b> <b>VU9</b> <b>VU9</b></div> <div>Distracted by <b>99</b> <b>VU10</b> <b>VU10</b></div> <div>Test Status: <b>1</b> <b>VU11</b></div> <div>Type of Test: <b>VU12</b></div> <div>BAC Test Result: <b>VU13</b></div> <div>Susp. Alcohol: <b>2</b> <b>VU14</b></div> <div>Susp. Drug: <b>2</b> <b>VU15</b></div> <tr><td></td><td>Sex</td><td>VU16 Seat Pos.</td><td>VU17 Safety Equipment</td><td>VU18 Eject Code</td><td>VU19 Trap Code</td><td>VU20 Injury Status</td><td>VU21 Transp. Code</td><td colspan="6">Medical Facility</td></tr> <tr><td>Vulnerable User</td><td><b>F</b></td><td><b>97</b></td><td><b>99</b></td><td><b>3</b></td><td><b>0</b></td><td><b>7</b></td><td><b>■</b></td><td colspan="6"></td></tr>															Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility						Vulnerable User	<b>F</b>	<b>97</b>	<b>99</b>	<b>3</b>	<b>0</b>	<b>7</b>	<b>■</b>						
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