

Police Use Only			Commonwealth of Massachusetts										RMV Document Number												
Date of Crash 10/26/2024		Time of Crash 1258 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 1		Speed Limit 45		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																	
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark																			
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 14 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-382-AC																	
License # S32221716 St MA DOB/Age 09/30/1972 Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator PATEL, KRISHNA I Address 2 JUNIPER LN City DUDLEY State MA Zip 01571-3828 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 7KP797 Reg Type PC Reg State MA Veh Year 2024 Veh Make BMW Veh Config. 1 21 Owner PATEL, KRISHNA I Address 2 JUNIPER LN City DUDLEY State MA Zip 01571-3828 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 4 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 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		See Above				X		X		1		99		4		0		0		10		1			
KAILAS PATEL		9142 NEW BRIDGE DR DELMAR, MD 21875				09/11/1974		F		11		99		4		0		0		10		1			
GUNJAN PATEL		9142 NEW BRIDGE DR DELMAR, MD 21875				08/27/1969		M		11		99		4		0		0		10		1			
DIPTI PATEL		2 JUNIPER LN DUDLEY, MA 01571-3828				07/07/1973		F		11		99		4		0		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 # S76843603 St MA DOB/Age 05/22/1973 Sex M Lic. Class 19 19 Lic. Restrictions 97 20 CDL Endorsement Operator PORTER, JASON MATTHEW Address 366 STAFFORD ST BLDG HOME City CHARLTON State MA Zip 01507-1660 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) 971773AC Viol. 1: Ch/Sec/Sub 90 23 Viol. 2: Ch/Sec/Sub 90 24 Viol. 3: Ch/Sec/Sub 90 24 (2) Viol. 4: Ch/Sec/Sub						Reg # 4VDZ59 Reg Type PC Reg State MA Veh Year 2022 Veh Make JEEP Veh Config. 1 21 Owner LABORERS INTL UNION OF N AMERICA Address 882 SOUTHBRIDGE ST City AUBURN State MA Zip 01501 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 2 28 Most Harmful Event 1 24 Type of Test: 1 29 Driver Contributing Code 10 25 5 25 BAC Test Result: 1 30 Driver Distracted by 0 26 26 Susp. Alcohol: 1 31 Susp. Drug: 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/Occupants		See Above				X		X		1		99		4		0		0		■		■			

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

### Crash Diagram:

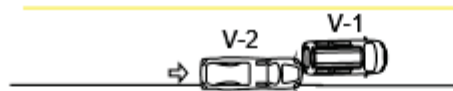
ie: → 1 → 2 → ○ → ○



BJ'S WHOLESALE

HOME DEPOT

WASHINGTON STREET/RT20



IRA FORD

### 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 (BMW), was travelling west in the right lane on Washington Street/RT20. He was stopped at the traffic light located at IRA Ford 780 Washington Street. Vehicle 2 (Jeep), was travelling behind vehicle 1. Vehicle 2 collided into the rear end of vehicle 1. The operator of vehicle 2 attempted to leave the scene and was subsequently arrested. Refer to arrest report 23-301-AR. Vehicle 1 sustained damage to its passenger side rear end. Vehicle 2 sustained damage to its driver side front end. Vehicle 2 was inventoried and towed from the scene. (Photos attached)

### 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 John P MacLean

Police Officer Name (Please Print)

Signature

65JM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/26/2024

Date