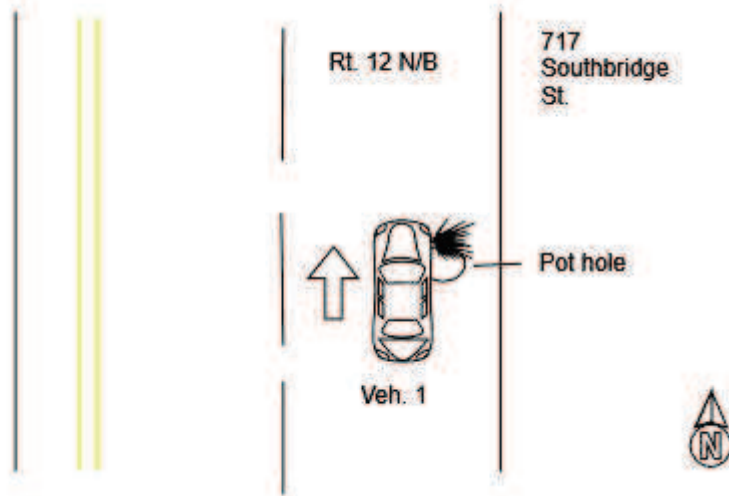


Police Use Only				Commonwealth of Massachusetts										RMV Document Number					
Date of Crash 02/27/2025		Time of Crash 1831 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1		Number Injured 0		Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
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 717 SOUTHBRIDGE ST 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 11 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-86-AC									
License # S56639270 St MA DOB/Age 05/24/1988 Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator ANSAH, JAMAL Address 659 MAIN ST City NORTH OXFORD State MA Zip 01537-1306 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: X S E W 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 # 3LGY99 Reg Type PC Reg State MA Veh Year 2019 Veh Make KIA Veh Config. 1 21 Owner ANSAH, JAMAL Address 659 MAIN ST City NORTH OXFORD State MA Zip 01537-1306 Vehicle Action Prior to Crash 1 22 Event Sequence 26 23 23 23 23 Most Harmful Event 26 24 Driver Contributing Code 1 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 3 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33													
Please fill out for operator and all occupants involved						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						DOB/Age Sex 1 1 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 type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
License # St DOB/Age Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip Vehicle Action Prior to Crash 22 Event Sequence 23 23 23 23 Most Harmful Event 24 Driver Contributing Code 25 25 Driver Distracted by 26 26 Damaged Area Code: 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33													
Please fill out for operator and all occupants involved						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						DOB/Age Sex 1							

→ = 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:

Vehicle one was traveling northbound on Rt. 12 (public way) in the right hand travel lane. While in the vicinity of 717 Southbridge St, vehicle one struck a pot hole with both right side tires. This cause both tires to deflate. Vehicle one was able to get off of of the road and wait a private tow.

### 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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/27/2025

Date