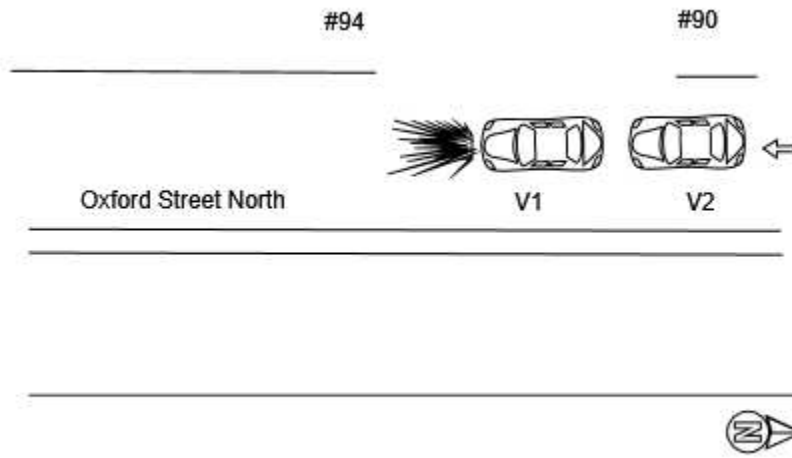


Police Use Only			Commonwealth of Massachusetts					RMV Document Number																								
Date of Crash 09/30/2024		Time of Crash 2013 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____		State Police Local Police MBTA Police Campus Police Other: _____																			
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 <table><tr><td>N</td><td>S</td><td>E</td><td>W</td></tr></table> of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet <table><tr><td>N</td><td>S</td><td>E</td><td>W</td></tr></table> of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <table><tr><td>N</td><td>S</td><td>E</td><td>W</td></tr></table> of _____ Landmark _____								N	S	E	W	N	S	E	W	N	S	E	W							
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						N	S	E	W																							
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# 24-340-AC																										
License # 154216880 St TN DOB/Age 05/28/1992 Sex M Lic. Class <table><tr><td>19</td><td>19</td></tr></table> Lic. Restrictions <table><tr><td>20</td></tr></table> CDL _____ Operator PATEL, RUTVIK M Address 11614 VISTA TERRACE WAY City KNOXVILLE State TN Zip 37932 Insurance Company UNKNOWN Vehicle Travel Direction: <table><tr><td>N</td><td>X</td><td>E</td><td>W</td></tr></table> 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 _____						19	19	20	N	X	E	W	Reg # DL88511 Reg Type PAN Reg State IL Veh Year _____ Veh Make VOLKSWAGEN Veh Config. 1 Owner PATEL, RUTVIK M Address 11614 VISTA TERRACE WAY City KNOXVILLE State TN Zip 37932 Vehicle Action Prior to Crash 1 Event Sequence <table><tr><td>10</td><td>23</td><td>23</td><td>23</td><td>23</td></tr></table> Most Harmful Event 10 Driver Contributing Code 1 Driver Distracted by 0 Damaged Area Code: <table><tr><td>10</td><td>27</td><td>27</td><td>27</td></tr></table> Test Status: <table><tr><td>28</td></tr></table> Type of Test: <table><tr><td>29</td></tr></table> BAC Test Result: <table><tr><td>30</td></tr></table> Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 1								10	23	23	23	23	10	27	27	27	28	29	30
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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																										
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 # S59643376 St MA DOB/Age 08/10/1997 Sex M Lic. Class <table><tr><td>19</td><td>19</td></tr></table> Lic. Restrictions <table><tr><td>20</td></tr></table> CDL _____ Operator CASTILLO, ANDERSON DAVID Address 2 1/2 NELSON ST APT 1 City WEBSTER State MA Zip 01570-1814 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: <table><tr><td>N</td><td>X</td><td>E</td><td>W</td></tr></table> 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 _____						19	19	20	N	X	E	W	Reg # 3CFZ97 Reg Type PC Reg State MA Veh Year 2022 Veh Make RAM Veh Config. 1 Owner CASTILLO, ANDERSON DAVID Address 2 1/2 NELSON ST APT 1 City WEBSTER State MA Zip 01570-1814 Vehicle Action Prior to Crash 1 Event Sequence <table><tr><td>10</td><td>23</td><td>23</td><td>23</td><td>23</td></tr></table> Most Harmful Event 10 Driver Contributing Code 1 Driver Distracted by 0 Damaged Area Code: <table><tr><td>10</td><td>27</td><td>27</td><td>27</td></tr></table> Test Status: <table><tr><td>28</td></tr></table> Type of Test: <table><tr><td>29</td></tr></table> BAC Test Result: <table><tr><td>30</td></tr></table> Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 1								10	23	23	23	23	10	27	27	27	28	29	30
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Operator/Occupants						See Above																										

→ = 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

I ... Arrow



Crash Narrative:

V1 and V2 were traveling South on Oxford Street North when V1 ran over a very large rock in the middle of the road. Once the rock dislodged from V1, V2 then ran over the same rock. V1 suffered significant undercarriage damage while V2 suffered both undercarriage damage and tire damage. Based on the evidence on scene, it was clear that the initial impact happened in the middle of the roadway. Both house #90 and #94 have walls that are falling apart but it is unknown if the rock is from either wall and rolled into the roadway. I spoke with nearby neighbors and they were not sure where the rock came from.

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 Matthew Laskes

Police Officer Name (Please Print)

Signature

72ML

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/30/2024

Date