

Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 11/07/2024		Time of Crash 2310 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 5		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
<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>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>								
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# 24-399-AC						
License # S41821328 St MA DOB/Age 09/22/1995						Reg # 3KPR18 Reg Type PC Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2022 Veh Make TOYOTA Veh Config. 1 21								
Operator BUI, THIEN TAN Last First Middle						Owner BUI, THIEN TAN Last First Middle								
Address 35 SOUTHOLD RD						Address 35 SOUTHOLD RD								
City WORCESTER State MA Zip 01607-1638						City WORCESTER State MA Zip 01607-1638								
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash 2 22 Damaged Area Code: 8 27 27 27								
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 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: 31 Susp. Drug: 32								
Please fill out for operator and all occupants involved						Towed from scene? 2 33								
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						1 1 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 # SA7051753 St MA DOB/Age 09/13/1999						Reg # 4ZWV84 Reg Type PC Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2023 Veh Make HYUNDAI Veh Config. 1 21								
Operator BATTULA, MANIDEEP Last First Middle						Owner EAN HOLDINGS LLC Last First Middle								
Address 125 HIGHLAND ST						Address 14002 EAST 21ST ST ST APT 1500								
City WORCESTER State MA Zip 01609-2727						City TULSA State OK Zip 74134-0000								
Insurance Company SAFECO INSURANCE COMPANY						Vehicle Action Prior to Crash 10 22 Damaged Area Code: 5 27 27 27								
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 28								
Citation # (If Issued) 999340AC						Most Harmful Event 1 24 Type of Test: 29								
Viol. 1: Ch/Sec/Sub 90 10 Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 10 25 BAC Test Result: 30								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26 Susp. Alcohol: 31 Susp. Drug: 32								
Please fill out for operator and all occupants involved						Towed from scene? 2 33								
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						1 1 4 0 0 10 1								

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Parking lot of 380 Southbridge St		If Crash <u>Did Not</u> Occur on a Public Way:
		<input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way
		↓ Arrow

Crash Narrative:

See 24-1512-OF

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 Adam D Gustafson

Police Officer Name (Please Print)

Signature

62AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/07/2024

Date