

Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 10/13/2024		Time of Crash 1213 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 45 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
<div>1</div> <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>10</div> <div>WASHINGTON ST</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 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-359-AC						
License # S93690226 St MA DOB/Age 06/29/1997						Reg # 5SEB17 Reg Type PAN Reg State MA								
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2008 Veh Make FORD Veh Config. 1 21								
Operator ZAHER, CHRISTOPHER MEDERICK						Owner ZAHER, CHRISTOPHER MEDERICK								
Address 65 DEPOT RD APT A						Address 65 DEPOT RD APT A								
City OXFORD State MA Zip 01540-1233						City OXFORD State MA Zip 01540-1233								
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 20 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 5 26 26								
Please fill out for operator and all occupants involved						Damaged Area Code: 2 27 27 27								
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						Test Status: 1 28								
Operator See Above						Type of Test: 29								
						BAC Test Result: 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 32								
						Towed from scene? 1 33								
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.						
License # S98991945 St MA DOB/Age 08/19/1944						Reg # 2GM925 Reg Type PAN Reg State MA								
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2012 Veh Make FORD Veh Config. 1 21								
Operator ELIA, BETTE ANN						Owner ELIA, BETTE ANN								
Address 22 BRAYMAN ST						Address 22 BRAYMAN ST								
City AUBURN State MA Zip 01501-1913						City AUBURN State MA Zip 01501-1913								
Insurance Company ARBELLA MUTUAL INSURANCE						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26								
Please fill out for operator and all occupants involved						Damaged Area Code: 2 27 27 27								
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						Test Status: 1 28								
Operator/Occupants See Above						Type of Test: 29								
JEFFREY BYLUND						BAC Test Result: 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 32								
						Towed from scene? 1 33								

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

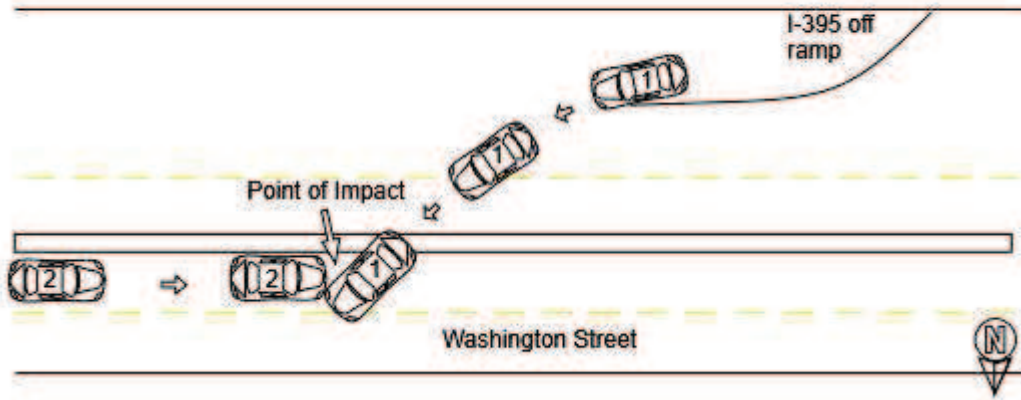
Crash Diagram:

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 #1 was merging onto Washington Street from the I-395 off ramp. The operator informed me his child's sippy cup rolled under his brake and he panicked and ended up merging into the westbound lanes and colliding with Vehicle #2. [REDACTED]

No other injuries to report.

Both vehicles were towed from the scene. Washington Street is a public way.

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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/13/2024

Date