

Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 12/26/2024		Time of Crash 2302 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 30		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:																							
<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>PINEBROOK CT</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# 24-470-AC																							
License # St. DOB/Age						Reg # 4CVT93 Reg Type PC Reg State MA																									
Sex Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2007 Veh Make TOYOTA Veh Config. 2 21																									
Operator Last First Middle						Owner CANDELARIA, EFRAN Last First Middle																									
Address						Address 34 BRIARCLIFF DR																									
City State Zip						City AUBURN State MA Zip 01501-1415																									
Insurance Company UNITED SERVICES AUTOMOBIL						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 2 27 3 27 27																			
Vehicle Travel Direction: N S E W Responding to Emergency? 2						Event Sequence 24 23 23 23 23						Test Status: 1 28																			
Citation # (If Issued)						Most Harmful Event 24 24						Type of Test: 0 29																			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25						BAC Test Result: 1 30																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 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						See Above						<del>X</del>		<del>X</del>		1		1		4		0		0		10		1			
																3		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						Reg # Reg Type Reg State																									
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21																									
Operator Last First Middle						Owner Last First Middle																									
Address						Address																									
City State Zip						City State Zip																									
Insurance Company						Vehicle Action Prior to Crash 22						Damaged Area Code: 27 27 27																			
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23						Test Status: 28																			
Citation # (If Issued)						Most Harmful Event 24						Type of Test: 29																			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25						BAC Test Result: 30																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26						Susp. Alcohol: 31 Susp. Drug: 32																			
						Towed from scene? 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						<del>X</del>		<del>X</del>		1															

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

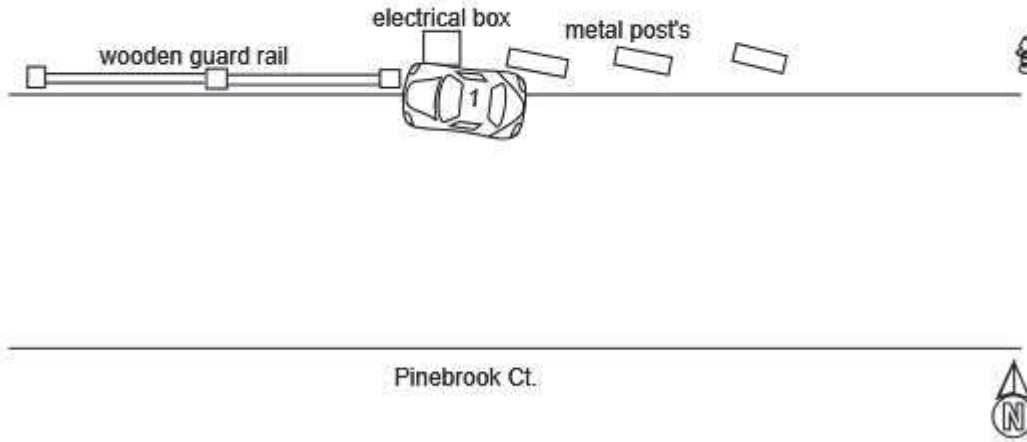
### Crash Diagram:

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:

Operator of vehicle 1 under steered after making a turn and left the roadway. Vehicle 1 collided with with property barriers and became disabled on a wooden guard rail. Operator and passenger declined having injuries on scene and needing EMS. Vehicle was disabled and was towed by Direnzo Towing. Auburn Fire responded to check the electrical box that was deemed safe to remove. Auburn housing was notified of damage.

### Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

### Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
AUBURN HOUSING	CENTRAL ST AUBURN MA		3	METAL POLES/ WOODEN GUARD RAIL
AUBURN HOUSING	CENTRAL ST AUBURN MA		3	ELECTRICAL BOX

### 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 Randall E Hawley

Police Officer Name (Please Print)

Signature

76RH

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/26/2024

Date