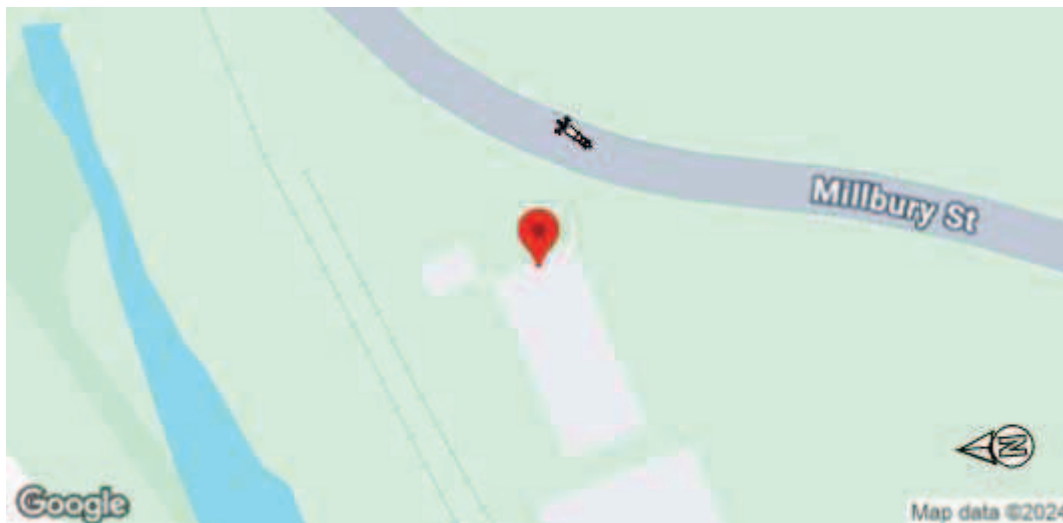


Police Use Only			Commonwealth of Massachusetts										RMV Document Number								
Date of Crash 11/26/2024		Time of Crash 0941 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	Speed Limit 25		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>					
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:													
<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>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>										<div>2</div> <div>10</div>					
																<div>1</div> <div>11</div>					
																<div>1</div> <div>12</div>					
																<div>97</div> <div>13</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# 24-426-AC													
License # S15122616 St MA DOB/Age 05/04/1991						Reg # NONE Reg Type MC Reg State MA										<div>1</div> <div>12</div>					
Sex M Lic. Class 19 19 99 Lic. Restrictions 20 CDL Endorsement						Veh Year 2002 Veh Make SUZUKI Veh Config. 3										<div>1</div> <div>21</div>					
Operator GALE, COREY Last First Middle						Owner GALE, COREY Last First Middle										<div>1</div> <div>22</div>					
Address 107 EAST ST						Address 107 EAST ST										<div>1</div> <div>23</div>					
City NORTH GRAFTON State MA Zip 01536						City NORTH GRAFTON State MA Zip 01536										<div>1</div> <div>24</div>					
Insurance Company NONE						Vehicle Action Prior to Crash 1										<div>1</div> <div>25</div>					
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23										<div>1</div> <div>26</div>					
Citation # (If Issued) 037727AD						Most Harmful Event 97										<div>1</div> <div>27</div>					
Viol. 1: Ch/Sec/Sub 90 9 Viol. 2: Ch/Sec/Sub 90 34J						Driver Contributing Code 7 25 25										<div>1</div> <div>28</div>					
Viol. 3: Ch/Sec/Sub 90 23G Viol. 4: Ch/Sec/Sub 90 23F						Driver Distracted by 0 26 26										<div>1</div> <div>29</div>					
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved										<div>1</div> <div>30</div>					
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 X 1 0 5 0 0 10 97 NONE										<div>1</div> <div>31</div>					
HAYLEE MATOS 148 RIVER ST HUDSON, MA 01749 10/26/2002 F 14 0 5 0 0 7 2																<div>1</div> <div>32</div>					
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										<div>1</div> <div>33</div>					
Sex Lic. Class 19 19 99 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21										<div>1</div> <div>34</div>					
Operator Last First Middle						Owner Last First Middle										<div>1</div> <div>35</div>					
Address						Address										<div>1</div> <div>36</div>					
City State Zip						City State Zip										<div>1</div> <div>37</div>					
Insurance Company						Vehicle Action Prior to Crash 22										<div>1</div> <div>38</div>					
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23										<div>1</div> <div>39</div>					
Citation # (If Issued)						Most Harmful Event 24										<div>1</div> <div>40</div>					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25										<div>1</div> <div>41</div>					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26										<div>1</div> <div>42</div>					
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved										<div>1</div> <div>43</div>					
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 X 1										<div>1</div> <div>44</div>					

→ = 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

Illustration of Arrow



### Crash Narrative:

Operator of MC staes he slid on wet pavement, causing MC to fall on its side. Passenger of MC reported abdominal pain and is 8 months pregnant. MV towed due to operator being unlicensed and MC not registered or insured.

### 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 John E McLaughlin

Police Officer Name (Please Print)

Signature

94JM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/01/2024

Date