

Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 10/21/2024		Time of Crash 1846 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 35		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# 24-374-AC						
License # S32987052 St MA DOB/Age 11/07/1946						Reg # AL65 Reg Type CO Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2022 Veh Make CHEVROLET Veh Config. 1 21								
Operator GERVAIS, JOHN JOSEPH Last First Middle						Owner GERVAIS, JOHN JOSEPH Last First Middle								
Address 22 HOLMES ST						Address 22 HOLMES ST								
City AUBURN State MA Zip 01501-1210						City AUBURN State MA Zip 01501-1210								
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 99 22								
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 99 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 99 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 16 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26								
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code								
Name (Last First Middle)		Address		DOB/Age		Sex		Medical Facility						
Operator		See Above		X		X		1 99 1 0 0 1 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 D 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								
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26								
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code								
Name (Last First Middle)		Address		DOB/Age		Sex		Medical Facility						
Operator/Occupants		See Above		X		X		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

Insert North Arrow



Crash Narrative:

See attached sup. narrative.

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

10/21/2024

Date