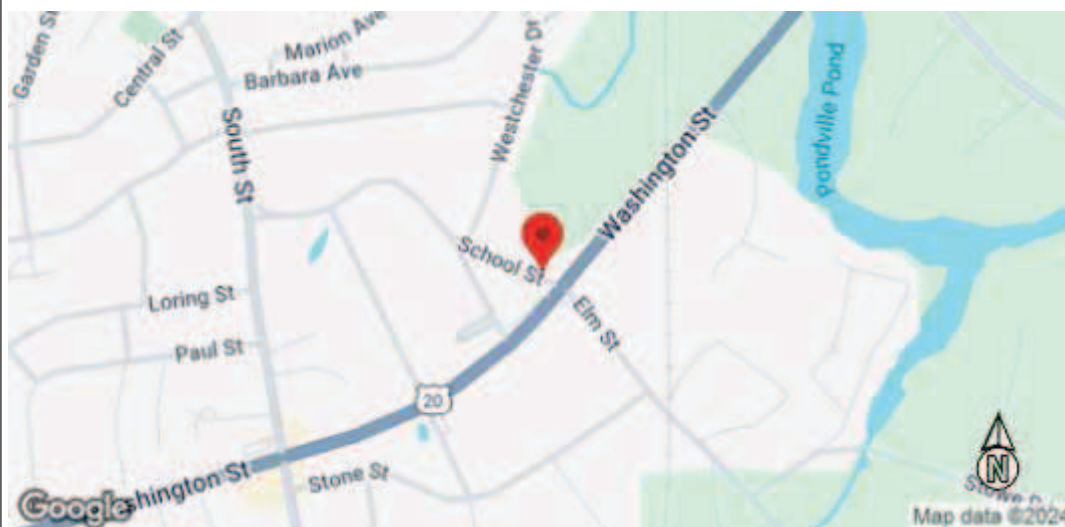


Police Use Only			Commonwealth of Massachusetts					RMV Document Number								
Date of Crash 10/04/2024		Time of Crash 1324 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2		Number Injured 1		Speed Limit 50 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
WASHINGTON ST Route# Direction Name of Roadway/Street At SCHOOL ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark										
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# 24-342-AC								
License # S79458428 St MA DOB/Age 04/30/1967 Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator HARNOIS, CLAYTON C Address 53 WARD ST APT 6 City WORCESTER State MA Zip 01610-1956 Insurance Company THE TRAVELERS INDEMNITY C Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 8822A Reg Type APN Reg State MA Veh Year 2019 Veh Make FREIGHTLINER Veh Config. 97 21 Owner RYDER TRUCK RENTAL LT Address 6000 WINDWARD PKWY City ALPHARETTA State GA Zip 30005-4181 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 27 23 30 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 27 8 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 1 33										
Please fill out for operator and all occupants involved						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 # Y7456266 St CA DOB/Age 07/27/2003 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator SHIVERS, MAKONNEN ISIAH Address 515 W BROADWAY APT 332 City GLENDALE State CA Zip 91204 Insurance Company PROGRESSIVE INSURANCE Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 8LPY331 Reg Type PAN Reg State CA Veh Year 2014 Veh Make HONDA Veh Config. 1 21 Owner MARSHALL, AISHA Address 1140 SPAZIER AVE City GLENDALE State CA Zip 91201 Vehicle Action Prior to Crash 4 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 4 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 11 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 1 33										
Please fill out for operator and all occupants involved						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 1 0 0 10 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:

MV#1 WAS TRAVELLING WESTBOUND ON RTE.20/WASHINGTON STREET. MV#2 WAS TRAVELLING SOUTH FROM SCHOOL STREET AND ENTERED THE WESTBOUND LANE OF RTE.20/WASHINGTON STREET. IT IS UNKNOWN IF THE OPERATOR WAS ATTEMPTING TO TURN LEFT OR GO STRIAIGHT ACROSS THE INTERSECTION. MV#1 IMPACTED MV#2 ON THE DRIVER'S SIDE FRONT AND FRONT QUARTER. AFTER IMPACT MV#1 VEERED LEFT ACROSS THE EASTBOUND LANE AND ONTO THE EASTBOUND SHOULDER BEFORE COMING TO FINAL REST ON THE EASTBOUND SHOULDER FACING IN A SOUTHWEST DIRECTION INTO A CHAIN LINK FENCE. MV#2 CAME TO FINAL REST IN THE WESTBOUND LANE FACING IN AN EASTERLY DIRECTION. (Crash Reconstruction Report in progress)

2014 Honda Civic - Progressive Insurance/ Policy Number 976066819

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CHENARD BRIAN	11 LITTLE LEAGUE LN WEBSTER MA 01570-2031		
DUMAS SCOTT HENRY	899 BUCKLEY HWY UNION CT 06076		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
				CHAIN-LINK FENCE

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 Jason Miglionico

Police Officer Name (Please Print)

Signature

52JM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/04/2024

Date