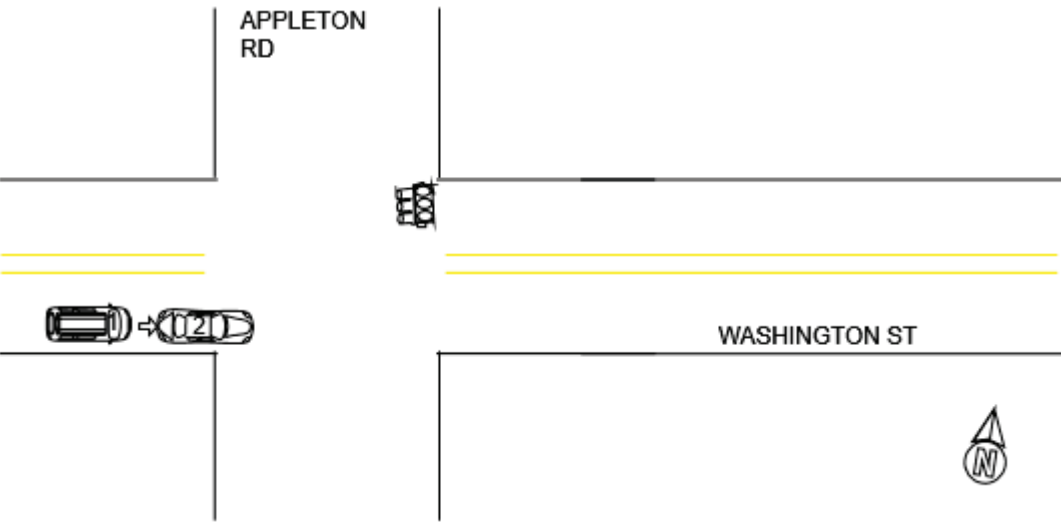


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 10/24/2024		Time of Crash 1159 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
APPLETON RD																	
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of or Mile Marker Exit Number											
WASHINGTON ST																	
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with																	
Route# Direction Name of Intersecting Roadway/Street						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# 24-378-AC									
License # S91293932 St MA DOB/Age 02/01/1982						Reg # 8HY129 Reg Type PAN Reg State MA											
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2017 Veh Make TOYOTA Veh Config. 2											
Operator GAVIN, DANIEL JAMES						Owner GAVIN, DANIEL JAMES											
Address 49 WESTWOOD PKWY						Address 49 WESTWOOD PKWY											
City SOUTHBRIDGE State MA Zip 01550-1635						City SOUTHBRIDGE State MA Zip 01550-1635											
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 27 27 27											
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28											
Citation # (If Issued) 967097AC						Most Harmful Event 1 24 Type of Test: 0 29											
Viol. 1: Ch/Sec/Sub 90 9 Viol. 2: Ch/Sec/Sub						BAC Test Result: 1 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 99 25 25 Towed from scene? 1 33											
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																	
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						1 1 3 0 0 1 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 # S14303581 St MA DOB/Age 01/12/1988						Reg # 3NBN19 Reg Type PAN Reg State MA											
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2007 Veh Make TOYOTA Veh Config. 1											
Operator WANJA, JOSEPH G						Owner GATHU, STEPHEN											
Address 235 18TH ST APT 301						Address 1840 MIDDLESEX ST APT 17											
City DRACUT State MA Zip 01826-5110						City LOWELL State MA Zip 01851-1122											
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 27 27 27											
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28											
Citation # (If Issued) 967095AC						Most Harmful Event 1 24 Type of Test: 0 29											
Viol. 1: Ch/Sec/Sub 90 10 Viol. 2: Ch/Sec/Sub						BAC Test Result: 1 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 99 25 25 Towed from scene? 2 33											
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																	
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						1 1 4 0 0 10 1											

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

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

	<b>If Crash Did Not Occur on a Public Way:</b> <input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way
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### Crash Narrative:

Vehicle 2 was traveling eastbound on WASHINGTON St. when the vehicle abruptly stopped at the red light. Vehicle 1 was traveling eastbound behind vehicle 2 and attempted to stop behind vehicle 2. Vehicle 1 struck the rear of vehicle 2 pushing vehicle 2 into the intersection.

The operator of vehicle 2 stated he was not injured at all. Vehicle 1 was towed from the scene. Vehicle 2 was parked in a parking lot awaiting a licensed operator to take control.

### 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 Dominick Boschetto

Police Officer Name (Please Print)

Signature

91DB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/24/2024

Date