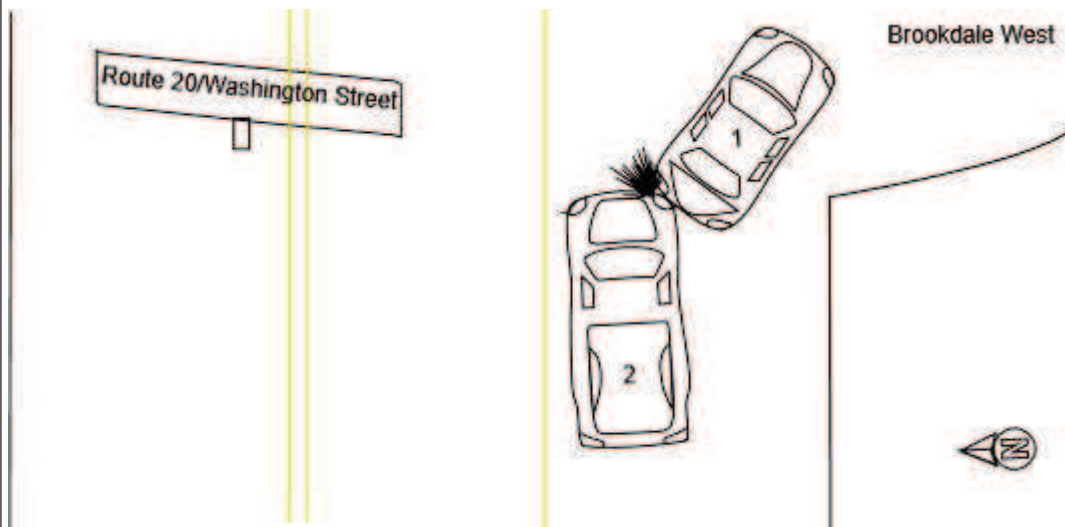


Police Use Only			Commonwealth of Massachusetts						RMV Document Number					
Date of Crash 01/14/2025		Time of Crash 0756 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 50		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
<div>11</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>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>667 WASHINGTON ST</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# 25-25-AC						
License # 3491473 St RI DOB/Age 05/24/1994						Reg # 00808 Reg Type PC Reg State RI								
Sex M Lic. Class 99 19 19 Lic. Restrictions 99 20 CDL Endorsement						Veh Year 2018 Veh Make HONDA Veh Config. 1 21								
Operator MEDINA LUIS, OSCAR F						Owner MEDINA LUIS, OSCAR F								
Address 267 LAUREL HILL AVE						Address 267 LAUREL HILL AVE								
City PROVIDENCE State RI Zip 02909						City PROVIDENCE State RI Zip 02909								
Insurance Company PROGRESSIVE						Vehicle Action Prior to Crash 2 22								
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 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						Damaged Area Code: 6 27 5 27 27								
Name (Last First Middle) Address						Test Status: 1 28								
Operator See Above						Type of Test: 29								
						BAC Test Result: 1 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 32								
						Towed from scene? 1 33								
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 # S65770296 St MA DOB/Age 11/29/1982						Reg # 4ZLW81 Reg Type PC Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2008 Veh Make TOYOTA Veh Config. 1 21								
Operator MUNGAI, CHRISTOPHER W						Owner MUNGAI, CHRISTOPHER W								
Address 53 BUSHNELL RD						Address 53 BUSHNELL RD								
City STURBRIDGE State MA Zip 01566-1331						City STURBRIDGE State MA Zip 01566-1331								
Insurance Company AMICA MUTUAL INSURANCE CO						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 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						Damaged Area Code: 2 27 1 27 27								
Name (Last First Middle) Address						Test Status: 1 28								
Operator/Occupants See Above						Type of Test: 29								
						BAC Test Result: 1 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 32								
						Towed from scene? 2 33								

→ = 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 Arrow



Crash Narrative:

Vehicle 1 was driving eastbound on Route 20. The operator of Vehicle 1 stated he slowed down, put his blinker on and started to turn into the Brookdale West driveway. Vehicle 2 was traveling eastbound on Route 20 behind Vehicle 1. The operator of Vehicle 2 stated that Vehicle 1 slowed down very quickly and started abruptly turning into the Brookdale West driveway. The operator of Vehicle 2 stated Vehicle 1 did not have its blinker on. The operator of Vehicle 1 had front dash cam footage which showed him slowing down to take the turn but it was unable to show whether or not he had his blinker on.

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 Rachel B Crowley

Police Officer Name (Please Print)

Signature

92RC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/14/2025

Date