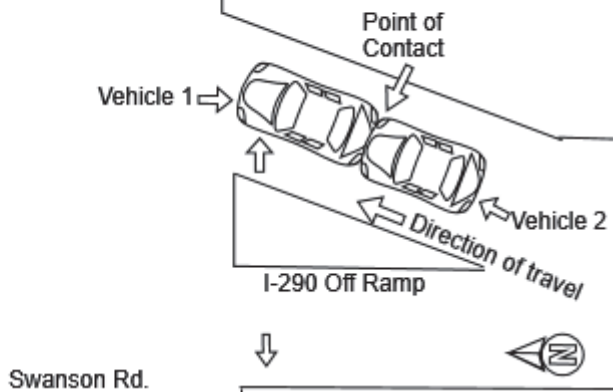


Police Use Only			Commonwealth of Massachusetts										RMV Document Number																																												
Date of Crash 09/25/2024		Time of Crash 1505 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____		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:																																																	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____ 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 <table><tr><td>N</td><td>S</td><td>E</td><td>W</td></tr></table> of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet <table><tr><td>N</td><td>S</td><td>E</td><td>W</td></tr></table> of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <table><tr><td>N</td><td>S</td><td>E</td><td>W</td></tr></table> of _____ Landmark _____										N	S	E	W	N	S	E	W	N	S	E	W																														
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Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 13 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-330-AC																																																	
License # S65958014 St MA DOB/Age 08/28/1978 Sex F Lic. Class <table><tr><td>D</td><td>19</td><td>19</td></tr></table> Lic. Restrictions <table><tr><td>99</td><td>20</td></tr></table> CDL _____ Endorsement _____ Operator ROSE, KRISTEN A Address 228 CONSTITUTION AVE City WORCESTER State MA Zip 01605-3510 Insurance Company HERTZ VEHICLE LLC Vehicle Travel Direction: <table><tr><td>N</td><td>S</td><td>X</td><td>W</td></tr></table> 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 _____						D	19	19	99	20	N	S	X	W	Reg # BPP6310 Reg Type PAN Reg State TN Veh Year 2023 Veh Make CHEVROLET Veh Config. 1 Owner HERTZ VEHICLES LLC Address 1459 INTERSTATE City COOKEVILLE State TN Zip 38501 Vehicle Action Prior to Crash <table><tr><td>2</td><td>22</td></tr></table> Damaged Area Code: <table><tr><td>5</td><td>27</td><td>27</td><td>27</td></tr></table> Event Sequence <table><tr><td>1</td><td>23</td><td>23</td><td>23</td><td>23</td></tr></table> Test Status: <table><tr><td>1</td><td>28</td></tr><tr><td>0</td><td>29</td></tr><tr><td>1</td><td>30</td></tr></table> Most Harmful Event <table><tr><td>1</td><td>24</td></tr></table> BAC Test Result: <table><tr><td>1</td><td>30</td></tr></table> Driver Contributing Code <table><tr><td>1</td><td>25</td><td>25</td></tr></table> Susp. Alcohol: <table><tr><td>2</td><td>31</td></tr></table> Susp. Drug: <table><tr><td>2</td><td>32</td></tr></table> Driver Distracted by <table><tr><td>0</td><td>26</td><td>26</td></tr></table> Towed from scene? <table><tr><td>2</td><td>33</td></tr></table>										2	22	5	27	27	27	1	23	23	23	23	1	28	0	29	1	30	1	24	1	30	1	25	25	2	31	2	32	0	26	26	2	33
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JACOB CIOFFI		131 WASHINGTON ST AUBURN, MA 01501-3036				06/06/1994		M	4	1	4	0	0	10	1																																										
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→ = 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:

Vehicle 1 was stopped at the stop sign at the I-290 off ramp attempting to make a right hand turn on to Swanson Rd. (Public way). While vehicle 1 was stopped, vehicle 2 struck vehicle 1 in the rear center of the vehicle. Operator of vehicle 2 stated she thought vehicle 1 made the right hand turn and proceeded to strike vehicle 1, stopped at the stop sign.

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 Rattray

Police Officer Name (Please Print)

Signature

95MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/25/2024

Date