

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 10/11/2024		Time of Crash 1511 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 45		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:									
WASHINGTON ST																	
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											
ELM ST																	
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with						Feet N S E W of											
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# 24-353-AC									
License # SA9300126 St MA DOB/Age 01/06/2000						Reg # 3EZG88 Reg Type PC Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2002 Veh Make CHEVROLET Veh Config. 1 21											
Operator WANG, JIALIN						Owner WANG, JIALIN											
Address 35 SUMMER ST						Address 35 SUMMER ST											
City BOSTON State MA Zip 02132-4425						City BOSTON State MA Zip 02132-4425											
Insurance Company ESSENTIA INSURANCE COMPAN						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 6 27 27 27											
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28											
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 0 29											
Viol. 1: Ch/Sec/Sub 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											
Driver Contributing Code 1 25 25						Towed from scene? 2 33											
Driver Distracted by 0 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		X		X		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 # S38983768 St MA DOB/Age 09/18/1971						Reg # 4JB581 Reg Type PC Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2016 Veh Make GMC Veh Config. 1 21											
Operator LIS, GREGORY P						Owner LIS, GREGORY P											
Address 319 PARTRIDGE HILL RD						Address 319 PARTRIDGE HILL RD											
City CHARLTON State MA Zip 01507-6709						City CHARLTON State MA Zip 01507-6709											
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 6 27 27 27											
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28											
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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		X		X		1	0	4	0	0	10	1			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

	<p>If Crash <u>Did Not</u> Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <p>I _____ Arrow</p> <p style="text-align: center;">↑</p>
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Crash Narrative:

On 10/11/2024 I, Officer Ryan (90), responded to a motor vehicle accident in the area of Washington St and Elm St, Auburn, MA. Upon arrival I spoke with the Operator of Vehicle: 1 (V1) whom advised they were turning left off of Elm St onto Washington Street at approximately 10 MPH. V1 advised that while turning he collided with V2.

I spoke with the Operator of Vehicle: 2 (V2) whom advised that they stopped on School Street and were headed straight onto Elm St. After coming to a stop V2 collided with the rear-end of V1.

Both operators declined seeking medical attention. The vehicles were deemed operable and

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 Jordan D Ryan

Police Officer Name (Please Print)

Signature

90JR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/11/2024

Date