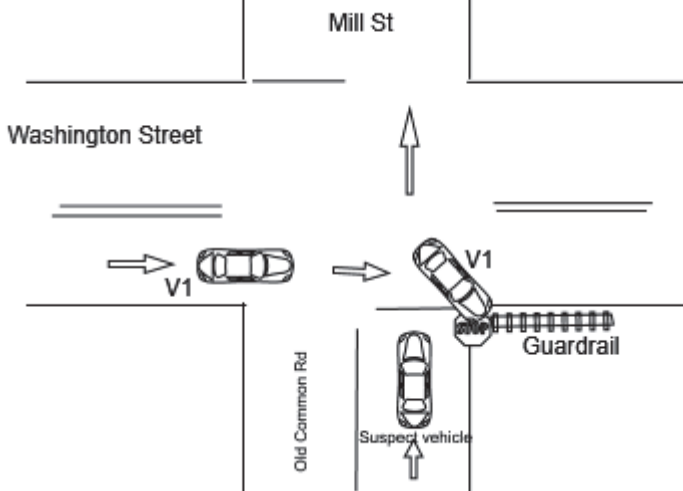


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 11/06/2024		Time of Crash 0905 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 45		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
<div>1</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>2</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of . or</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>										2 10	
																3 11	
																1 12	
																1 13	
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# 24-395-AC									
License # S94663924 St MA DOB/Age 04/14/1987						Reg # 4SSM38 Reg Type PC Reg State MA										1 12	
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2007 Veh Make CHEVROLET Veh Config. 2										1 12	
Operator LAVENTURE, DARYL R Last First Middle						Owner LAVENTURE, DARYL R Last First Middle										1 12	
Address 23 PLANTATION RD						Address 23 PLANTATION RD										1 12	
City OXFORD State MA Zip 01540-1255						City OXFORD State MA Zip 01540-1255										1 12	
Insurance Company NORFOLK & DEDHAM MUTUAL F						Vehicle Action Prior to Crash 1 22										1 12	
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23										1 12	
Citation # (If Issued)						Most Harmful Event 1 24										1 12	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25										1 13	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26										1 13	
Please fill out for operator and all occupants involved																1 13	
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										1 13	
Operator See Above						1 1 4 0 0 10 1										1 13	
																1 13	
																1 13	
																1 13	
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
License # St DOB/Age						Reg # Reg Type Reg State										1 14	
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21										1 14	
Operator Last First Middle						Owner Last First Middle										1 14	
Address						Address										1 14	
City State Zip						City State Zip										1 14	
Insurance Company						Vehicle Action Prior to Crash 22										1 14	
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23										1 14	
Citation # (If Issued)						Most Harmful Event 24										1 14	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25										1 14	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26										1 14	
Please fill out for operator and all occupants involved																1 14	
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										1 14	
Operator/Occupants See Above						1										1 14	
																1 14	
																1 14	
																1 14	

→ = 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:

See attached narrative for full report and suspect car info.

### Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CROTEAU RAYMOND	160 LEICESTER ST AUBURN MA 01501-1420		

### Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MASSDOT	185 KNEELAND ST BOSTON MA			GUARDRAIL

### 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 Laskes

Police Officer Name (Please Print)

Signature

72ML

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/06/2024

Date