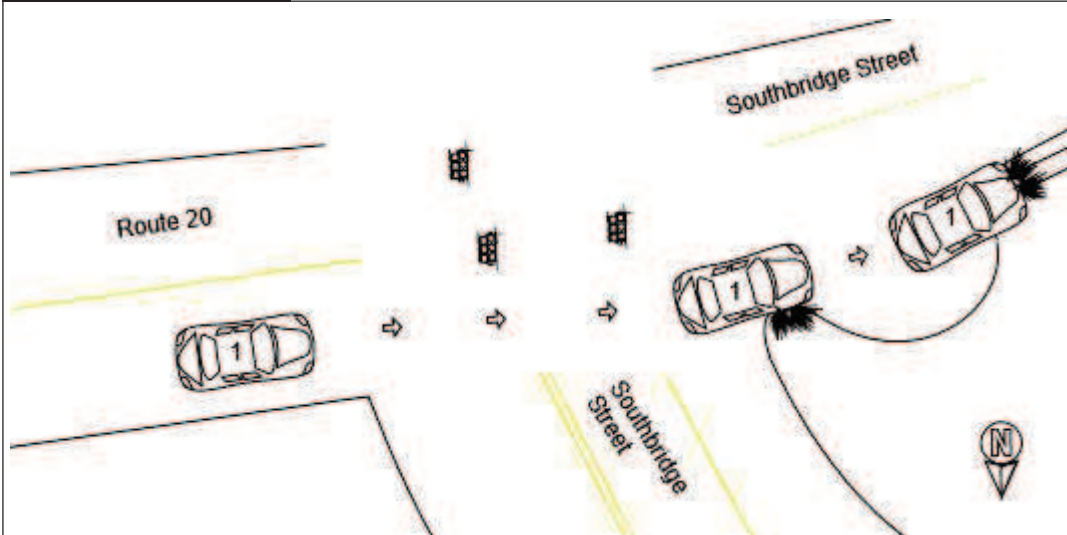


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 10/20/2024		Time of Crash 0321 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
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 820 SOUTHBRIDGE ST											
						Feet N S E W of . or Mile Marker Exit Number											
						Feet N S E W of Route# Intersecting Roadway/Street											
						Feet N S E W of Landmark											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-370-AC									
License # 575693975 St NY DOB/Age 12/18/2003						Reg # LNS9200 Reg Type PAN Reg State NY											
Sex M Lic. Class 99 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2011 Veh Make Infiniti Veh Config. 1 21											
Operator JANVIER, MIFEJY Last First Middle						Owner LOPEZ, KIARRA GISELLE Last First Middle											
Address 16 PARK AVE						Address 291 OLD NYACK TPKE											
City SPRING VALLEY State NY Zip 10977						City CHESTNUT RDG State NY Zip 10977											
Insurance Company GARRISON PROP & CAS INS						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 11 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2						Event Sequence 20 23 23 23 23						Test Status: 1 28					
Citation # (If Issued) 970897AC-CN						Most Harmful Event 22 24						Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub 90 10 Viol. 2: Ch/Sec/Sub 90 24 (2) (Driver Contributing Code 10 25 25						BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub 89 4A Viol. 4: Ch/Sec/Sub 90 17						Driver Distracted by 99 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved						Towed from scene? 1 33											
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	1	0	0					
KIARRA LOPEZ		69 PROSPECT ST GARDNER, MA 01440-3537		02/15/2005		F		3	1	1	0	0					
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											
Sex Lic. Class 99 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21											
Operator Last First Middle						Owner Last First Middle											
Address						Address											
City State Zip						City State Zip											
Insurance Company						Vehicle Action Prior to Crash 22						Damaged Area Code: 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23						Test Status: 28					
Citation # (If Issued)						Most Harmful Event 24						Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25						BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26						Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved						Towed from scene? 33											
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									

→ = 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 travelling westbound on Route 20 which turned into Southbridge Street. Vehicle hit the curb on the right side of the road and then hit a telephone pole located in the vicinity of 820 Southbridge Street. The telephone pole was knocked over and landed on top of the vehicle. Active wires were then strewn across the road. Operator of Vehicle 1 stated he was going 45 MPH but our accident reconstruction officer stated that the vehicle was going 77 MPH. Airbags were deployed and car was not drivable and was towed by Dorenzo

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
LOPEZ KIARRA GISELLE	291 OLD NYACK TPKE CHESTNUT RDG NY 10977		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NATIONAL GRID	SOUTHBIDGE ST AUBURN MA			TELEPHONE POLE

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

10/20/2024

Date