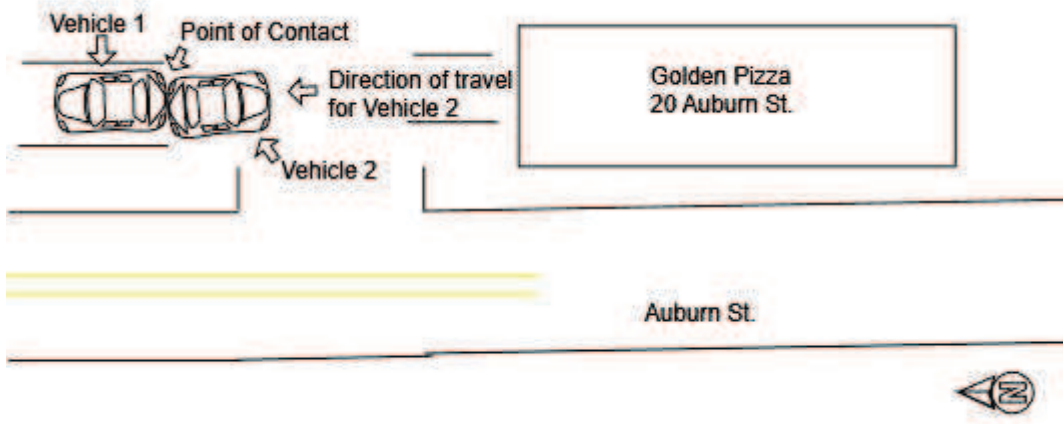


Police Use Only			Commonwealth of Massachusetts					RMV Document Number							
Date of Crash 09/25/2024		Time of Crash 2002 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
<div>Route# _____ Direction _____ Name of Roadway/Street _____ At _____</div> <div>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____</div> <div>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</div>						<div>Route# 20 Direction _____ Address # _____ Name of Roadway/Street AUBURN 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# 24-331-AC							
License # SA3800122 St MA DOB/Age 01/30/2004 Sex F Lic. Class <div>1919</div> Lic. Restrictions <div>9920</div> CDL _____ Endorsement _____ Operator MAFFEI, HANNA MADISON Address 43 WALSH AVE City AUBURN State MA Zip 01501-2434 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W 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 _____						Reg # 5PRX18 Reg Type PAN Reg State MA Veh Year 2001 Veh Make JEEP Veh Config. 1 Owner MAFFEI, HANNA MADISON Address 43 WALSH AVE City AUBURN State MA Zip 01501-2434 Vehicle Action Prior to Crash <div>1122</div> Damaged Area Code: <div>0272727</div> Event Sequence <div>123232323</div> Test Status: <div>128</div> Most Harmful Event <div>124</div> Type of Test: <div>029</div> Driver Contributing Code <div>12525</div> BAC Test Result: <div>130</div> Driver Distracted by <div>02626</div> Susp. Alcohol: <div>231</div> Susp. Drug: <div>232</div> Towed from scene? <div>233</div>									
Please fill out for operator and all occupants involved															
Name (Last First Middle)		Address		DOB/Age		Sex		34 Seat Pos. 1	35 Safety System 1	36 Airbag Status 4	37 Eject Code 0	38 Trap Code 0	39 Injury Status 10	40 Transp. Code 1	Medical Facility
Operator		See Above		<div></div>		<div></div>									
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 # SA5371274 St MA DOB/Age 10/26/1996 Sex U Lic. Class <div>991999</div> Lic. Restrictions <div>9920</div> CDL _____ Endorsement _____ Operator TALAMANCHI, SUMANTH Address 600 MAIN ST APT 2305 City WORCESTER State MA Zip 016** Insurance Company PILGRIM INSURANCE COMPANY Vehicle Travel Direction: <div>N</div> <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W 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 _____						Reg # 5DBJ48 Reg Type PAN Reg State MA Veh Year 2015 Veh Make VOLVO Veh Config. 1 Owner TALAMANCHI, SUMANTH Address 600 MAIN ST APT 2305 City WORCESTER State MA Zip 016** Vehicle Action Prior to Crash <div>1022</div> Damaged Area Code: <div>0272727</div> Event Sequence <div>223232323</div> Test Status: <div>128</div> Most Harmful Event <div>224</div> Type of Test: <div>029</div> Driver Contributing Code <div>192525</div> BAC Test Result: <div>130</div> Driver Distracted by <div>992626</div> Susp. Alcohol: <div>231</div> Susp. Drug: <div>232</div> Towed from scene? <div>233</div>									
Please fill out for operator and all occupants involved															
Name (Last First Middle)		Address		DOB/Age		Sex		34 Seat Pos. 1	35 Safety System 1	36 Airbag Status 4	37 Eject Code 0	38 Trap Code 0	39 Injury Status 10	40 Transp. Code 1	Medical Facility
Operator/Occupants		See Above		<div></div>		<div></div>									

→ = 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

North Arrow



### Crash Narrative:

Vehicle 1 was parked in the parking lot of Golden Pizza, 20 Auburn St. (Public way).

Vehicle 2 was backing up and backed into the rear of vehicle 1. Both vehicles were able to drive from the scene with minimal to no damage. No apparent injuries for either driver.

### 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