

Police Use Only			Commonwealth of Massachusetts						RMV Document Number					
Date of Crash 12/20/2024		Time of Crash 1424 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 5		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
<div>1</div> <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>10</div> <div>9 WEST ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet <div>S E W</div> of . or</div> <div>Mile Marker Exit Number</div> <div>Feet <div>N S E W</div> of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet <div>N S E W</div> of</div> <div>Landmark</div>								
						<div>2</div> <div>11</div>								
						<div>2</div> <div>4</div>								
						<div>3</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# 24-461-AC						
License # S91077820 St MA DOB/Age 06/23/1992						Reg # 9FL935 Reg Type PC Reg State MA								
Sex F Lic. Class <div>19 19</div> Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2017 Veh Make HONDA Veh Config. 1 21								
Operator DIAZ, JYZMIN JESENIA						Owner DIAZ, BEVERLY								
Address 9 WETHERED ST						Address 9 WETHERED ST								
City AUBURN State MA Zip 01501-2029						City AUBURN State MA Zip 01501-2029								
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: <div>S E W</div> Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26								
Please fill out for operator and all occupants involved						Damaged Area Code: 5 27 27 27								
Name (Last First Middle) Address						Test Status: 1 28								
Operator See Above						Type of Test: 29								
						BAC Test Result: 30								
						Susp. Alcohol: 2 31 Susp. Drug: 32								
						Towed from scene? 2 33								
Please Select One of the Following:						<input checked="" type="checkbox"/> Vehicle 21 #Occupants								
License # S62144924 St MA DOB/Age 08/01/1976						Reg # 64EF25 Reg Type PC Reg State MA								
Sex F Lic. Class <div>19 19</div> Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2017 Veh Make HONDA Veh Config. 1 21								
Operator MASON, REBECCA MARIE						Owner MASON, REBECCA MARIE								
Address 12 OLD CUDWORTH RD						Address 12 OLD CUDWORTH RD								
City OXFORD State MA Zip 01540-2841						City OXFORD State MA Zip 01540-2841								
Insurance Company VERMONT MUTUAL INSURANCE						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: <div>S E W</div> Responding to Emergency? 2						Event Sequence 1 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 1 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25								
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Please fill out for operator and all occupants involved						Damaged Area Code: 1 27 27 27								
Name (Last First Middle) Address						Test Status: 1 28								
Operator/Occupants See Above						Type of Test: 29								
						BAC Test Result: 30								
						Susp. Alcohol: 2 31 Susp. Drug: 32								
						Towed from scene? 2 33								

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

EXIT FROM PARKING

2

1

AUBURN MIDDLE SCHOOL

WEST STREET

N

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Information Arrow

↑

Crash Narrative:

VEHICLE 2 COULD NOT STOP DUE TO ICEY ROADS, SLID INTO VEHICLE 1

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 ANDREW F MARKVENAS

Police Officer Name (Please Print)

Signature

93AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/20/2024

Date

Form No. 10364 CRA-65 08/23