

Police Use Only		Commonwealth of Massachusetts						RMV Document Number					
Date of Crash 01/04/2025	Time of Crash 0637 24HR	City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:							
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							
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 Landmark							
Route# Direction Name of Intersecting Roadway/Street													
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# 25-7-AC					
License # S19650430 St MA DOB/Age 04/20/1963						Reg # 2PZ572 Reg Type PC Reg State MA							
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2014 Veh Make TOYOTA Veh Config. 1 21							
Operator ROSARIO, FRANCISCO RAFAEL						Owner ROSARIO, FRANCISCO RAFAEL							
Address 42 E MAIN ST						Address 42 E MAIN ST							
City WEBSTER State MA Zip 01570-2345						City WEBSTER State MA Zip 01570-2345							
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22							
Vehicle Travel Direction: N S E W Responding to Emergency? 2						Event Sequence 5 23 23 23 23							
Citation # (If Issued)						Most Harmful Event 5 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						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						1 1 4 0 0 10 1							
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 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21							
Operator						Owner							
Address						Address							
City State Zip						City State Zip							
Insurance Company						Vehicle Action Prior to Crash 22							
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23							
Citation # (If Issued)						Most Harmful Event 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26							
Please fill out for operator and all occupants involved						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						1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

washington street

deer

If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Intersection Arrow



Crash Narrative:

DEER CROSSING ROUTE 20, VEHICLE HIT THE DEET WITH THE FRONT LEFT PORTION OF THE VEHICLE

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

01/04/2025

Date