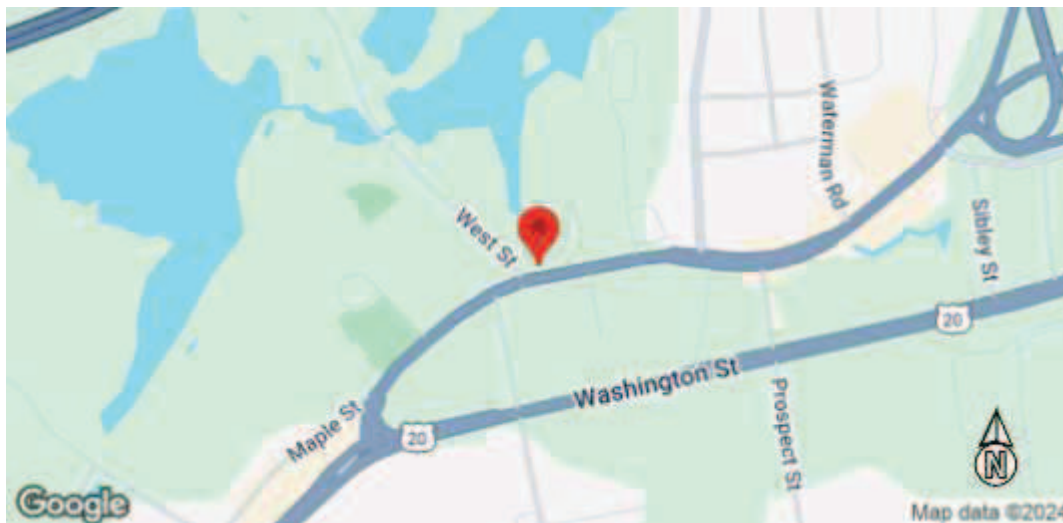


Police Use Only			Commonwealth of Massachusetts					RMV Document Number				
Date of Crash 11/07/2024	Time of Crash 0741 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 40	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
<div>11</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>210</div> <div>Route# Direction Address # Name of Roadway/Street</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# 24-397-AC					
License # S39101548 St MA DOB/Age 09/24/1963						Reg # R82489 Reg Type CON Reg State MA						
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2021 Veh Make CHEVROLET Veh Config. 97 21						
Operator HUMPHERY, ALLEN Last First Middle						Owner CARLSON&TINSLEY Last First Middle						
Address 35 FRANKLIN ST						Address 108 DUDLEY RD						
City AUBURN State MA Zip 01501						City OXFORD State MA Zip 01540						
Insurance Company QUINCY MUTUAL FIRE INSURA						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 8 27 27						
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 28						
Citation # (If Issued)						Most Harmful Event 23 24 Type of Test: 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 16 25 14 25 BAC Test Result: 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26 Susp. Alcohol: 31 Susp. Drug: 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 0 1 0 0 7 2						
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 # S71742803 St MA DOB/Age 07/21/1988						Reg # TAN60 Reg Type CON Reg State MA						
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2022 Veh Make FORD Veh Config. 1 21						
Operator ALONSO, GRECCO NICOLAS Last First Middle						Owner TANGO CONSTRUCTION INC Last First Middle						
Address 9 KENDALL HILL RD						Address 134 CRAWFORD ST						
City LEOMINSTER State MA Zip 01453						City FITCHBURG State MA Zip 01420						
Insurance Company TRANSPORTATION INSURANCE						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27						
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 28						
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25 BAC Test Result: 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 32						
Please fill out for operator and all occupants involved						Towed from scene? 2 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 1 4 0 0 10 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:

SEE CRASH RECONSTRUCTION
REPORT

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
				DIGITAL SIGN AT POOLS/QUES

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 Jason Miglionico

Police Officer Name (Please Print)

Signature

52JM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/07/2024

Date