

Date of Crash 10/02/2023	Time of Crash 1501 24HR	City/Town Auburn	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 3	Number Injured 0	Speed Limit <u>40</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>888</u> Direction _____ Address # <u>SOUTHBRIDGE ST</u> Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
Crash Report ID# **23-328-AC**

License # <u>S22287634</u> St <u>MA</u> DOB/Age <u>09/16/1995</u> Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Reg # <u>9VW868</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2018</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>HERNANDEZ IGLESIAS, MARCIA BEATRIZ</u> Last First Middle	Owner <u>HERNANDEZ FLORES, RUDY OTONIEL</u> Last First Middle
Address <u>27 JUDITH AVE</u>	Address <u>27 JUDITH AVE</u>
City <u>SOUTHBRIDGE</u> State <u>MA</u> Zip <u>01550-2331</u>	City <u>SOUTHBRIDGE</u> State <u>MA</u> Zip <u>01550-2331</u>
Insurance Company <u>GEICO GENERAL INSURANCE C</u>	Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Distracted by <u>0</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>

Please fill out for operator and all occupants involved		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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # <u>SA2890532</u> St <u>MA</u> DOB/Age <u>07/26/2003</u> Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Reg # <u>2WNC56</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2018</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>TERRIEN, SAIGE ELLEN RILEY</u> Last First Middle	Owner <u>TERRIEN, SAIGE ELLEN RILEY</u> Last First Middle
Address <u>68 PAIGE HILL RD</u>	Address <u>68 PAIGE HILL RD</u>
City <u>SOUTHBRIDGE</u> State <u>MA</u> Zip <u>01550-3434</u>	City <u>SOUTHBRIDGE</u> State <u>MA</u> Zip <u>01550-3434</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>1</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Distracted by <u>0</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>

Please fill out for operator/non-motorist and all occupants involved		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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Date of Crash 10/02/2023	Time of Crash 1501 24HR	City/Town Auburn	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 3	Number Injured 0	Speed Limit <u>40</u>	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
						Latitude _____					
						Longitude _____					

**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

1 1	Route# _____ Direction _____ Name of Roadway/Street _____	Route# <u>888</u> Direction _____ Address # <u>SOUTHBRIDGE ST</u> Name of Roadway/Street _____	2 10
	At _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____	
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____	2 11
Also at Intersection with _____		Route# _____ Intersecting Roadway/Street _____	
2 1	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	
		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	
		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	
		_____ Landmark _____	

Please Select One of the Following:  Vehicle 3 Occupants  Hit/Run  Moped **Crash Report ID# 23-328-AC**

License # <u>S67113936</u> St <u>MA</u> DOB/Age <u>12/30/1959</u>	Reg # <u>W83408</u> Reg Type <u>CO</u> Reg State <u>MA</u>	1 12
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2022</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>13</u> <u>21</u>	1 12
Operator <u>RIVERA, MILTON JR</u> Last First Middle	Owner <u>NICHOLS ENTERPRISES INC</u> Last First Middle	
Address <u>4 DARTMOUTH ST</u>	Address <u>125 SOUTHBRIDGE RD</u>	
City <u>WORCESTER</u> State <u>MA</u> Zip <u>01604-3008</u>	City <u>CHARLTON</u> State <u>MA</u> Zip <u>01507-5239</u>	
Insurance Company <u>NEW YORK MARINE AND GENER</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>	
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>18</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>	1 13
Towed from scene? <u>2</u> <u>33</u>		

Please fill out for operator and all occupants involved		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
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following:  Vehicle 4 Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____	
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year _____ Veh Make _____ Veh Config. <u>21</u>	
Operator _____ Last First Middle	Owner _____ Last First Middle	
Address _____	Address _____	
City _____ State _____ Zip _____	City _____ State _____ Zip _____	
Insurance Company _____	Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>	
Citation # (If Issued) _____	Most Harmful Event <u>24</u> Type of Test: <u>29</u>	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u>	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>	2 14
Towed from scene? <u>33</u>		

Please fill out for operator/non-motorist and all occupants involved		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
<b>Operator/Non-Motorist</b>	See Above	<del>_____</del>	<del>_____</del>	<u>1</u>							

➔ = 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



Southbridge St.

888 Southbridge St.



↓ Arrow



**Crash Narrative:**

Vehicles 1, 2, and 3, were traveling West on Southbridge St in the area of 888 Southbridge St. Vehicle 1 began to slow to stop for the traffic congestion ahead, vehicle 2 also slowed to stop. Vehicle 3 did not see the brake lights in time, and rear ended V2 pushing it into V1 causing minor damage to each vehicles bumpers.

**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 Rodwill**  
Police Officer Name (Please Print)

Signature

**84MR**  
ID/Badge #

**Auburn Police Department**  
Department Precinct/Barracks

**10/02/2023**  
Date