

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 11/15/2023	Time of Crash 1948 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 40	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:

PROSPECT ST							
Route#	Direction	Name of Roadway/Street		Route#	Direction	Address #	Name of Roadway/Street
At							
WASHINGTON ST							
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 _____ or Exit Number _____	
Also at Intersection with							
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# 23-387-AC**

License # S16110795 St MA DOB/Age 12/10/1959	Reg # 2SGA90 Reg Type PC Reg State MA
Sex M Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions 1 <input type="checkbox"/> 20 CDL _____ Endorsement _____	Veh Year 2018 Veh Make HYUNDAI Veh Config. 1 <input type="checkbox"/> 21
Operator QUITADAMO, STEPHEN F	Owner QUITADAMO, STEPHEN F
Address 3 KELLY ST	Address 3 KELLY ST
City AUBURN State MA Zip 01501	City AUBURN State MA Zip 01501
Insurance Company THE STANDARD FIRE INSURAN	Vehicle Action Prior to Crash 1 <input type="checkbox"/> 22
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 6 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) _____	Event Sequence 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: 1 <input type="checkbox"/> 28
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: <input type="checkbox"/> 29
	Most Harmful Event 1 <input type="checkbox"/> 24
	BAC Test Result: 1 <input type="checkbox"/> 30
	Driver Contributing Code 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25
	Susp. Alcohol: 2 <input type="checkbox"/> 31 Susp. Drug: 2 <input type="checkbox"/> 32
	Driver Distracted by 0 <input type="checkbox"/> 26
	Towed from scene? 2 <input type="checkbox"/> 33

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
Operator	See Above	XXXXXX	M	1	1	4	0	0	10	1	

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

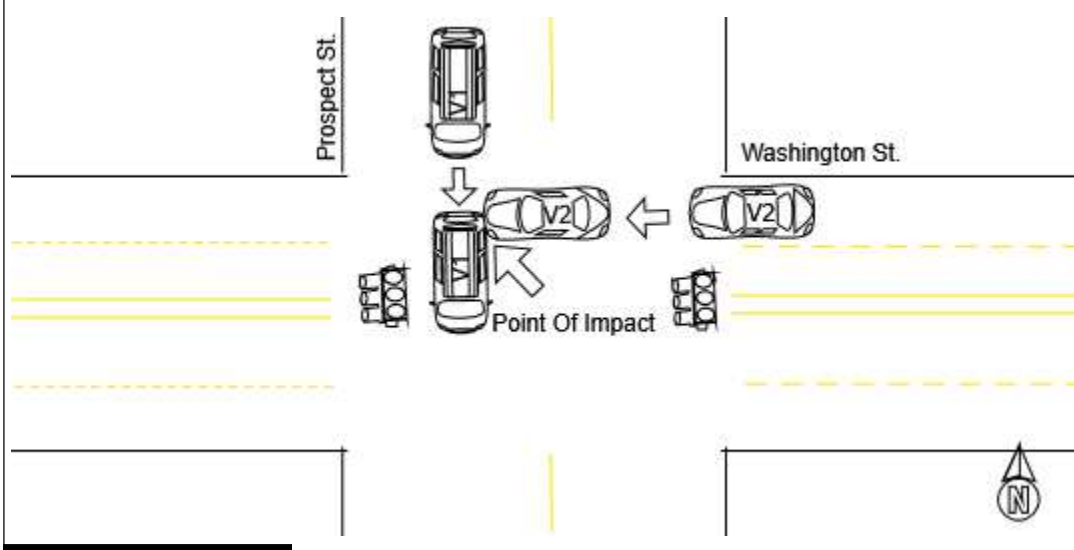
License # S63470227 St MA DOB/Age 03/14/1984	Reg # 1RPS97 Reg Type PC Reg State MA
Sex M Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions 1 <input type="checkbox"/> 20 CDL _____ Endorsement _____	Veh Year 2010 Veh Make TOYOTA Veh Config. 1 <input type="checkbox"/> 21
Operator HERNANDEZ APONTE, RAMON X	Owner HERNANDEZ APONTE, RAMON X
Address 60 CHARLTON ST APT 417	Address 60 CHARLTON ST APT 417
City SOUTHBRIDGE State MA Zip 01550-1949	City SOUTHBRIDGE State MA Zip 01550-1949
Insurance Company LIBERTY MUTUAL PERSONAL I	Vehicle Action Prior to Crash 1 <input type="checkbox"/> 22
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 1 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) _____	Event Sequence 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: 1 <input type="checkbox"/> 28
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: <input type="checkbox"/> 29
	Most Harmful Event 1 <input type="checkbox"/> 24
	BAC Test Result: 1 <input type="checkbox"/> 30
	Driver Contributing Code 19 <input type="checkbox"/> 25 <input type="checkbox"/> 25
	Susp. Alcohol: 2 <input type="checkbox"/> 31 Susp. Drug: 2 <input type="checkbox"/> 32
	Driver Distracted by 0 <input type="checkbox"/> 26
	Towed from scene? 1 <input type="checkbox"/> 33

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
Operator/Non-Motorist	See Above	XXXXXX	M	1	1	4	0	0	10	1	
YADRIEL HERNANDEZ VAZQUEZ	28 VILLAGE DR SOUTHBRIDGE, MA 01550	12/07/2003	M	3	1	4	0	0	10	1	

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

ie: → 1 → 2 → ○ → ☹

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicator Arrow

↑

Crash Narrative:

V1 was traveling southbound on prospect street when V2 crashed into them. V2 was not paying attention to the traffic and went through a red light striking V1 on the left rear side. There were no reported injuires. V2 was twoed from the scene by Direnzo's.

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 Jason P Brooks 88JB Auburn Police Department 11/15/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date