

Date of Crash 12/23/2023	Time of Crash 1143 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</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# _____ Direction _____ Address # _____ Name of Roadway/Street _____ SIBLEY ST
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 _____ 10 Feet <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W of BY FAITH AVE Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
Crash Report ID# **23-443-AC**

License # SA6130735 St MA DOB/Age 05/11/1990 Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 20 CDL _____ Operator LAZO GALDAMEZ, RAUL ANTONIO Address 12 BIRD CT City OXFORD State MA Zip 01540-1913 Insurance Company LIBERTY MUTUAL FIRE INSUR	Reg # 2SSR64 Reg Type PAN Reg State MA Veh Year 2011 Veh Make HONDA Veh Config. 1 Owner LAZO GALDAMEZ, RAUL ANTONIO Address 12 BIRD CT City OXFORD State MA Zip 01540-1913 Vehicle Action Prior to Crash 2 Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event 1 <u>24</u> Driver Contributing Code 1 <u>25</u> <u>25</u> Driver Distracted by 0 <u>26</u>	Damaged Area Code: 5 <u>27</u> <u>27</u> <u>27</u> Test Status: 1 <u>28</u> Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 <u>31</u> Susp. Drug: 2 <u>32</u> Towed from scene? 2 <u>33</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Citation # (If Issued) _____	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

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	_____	_____	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

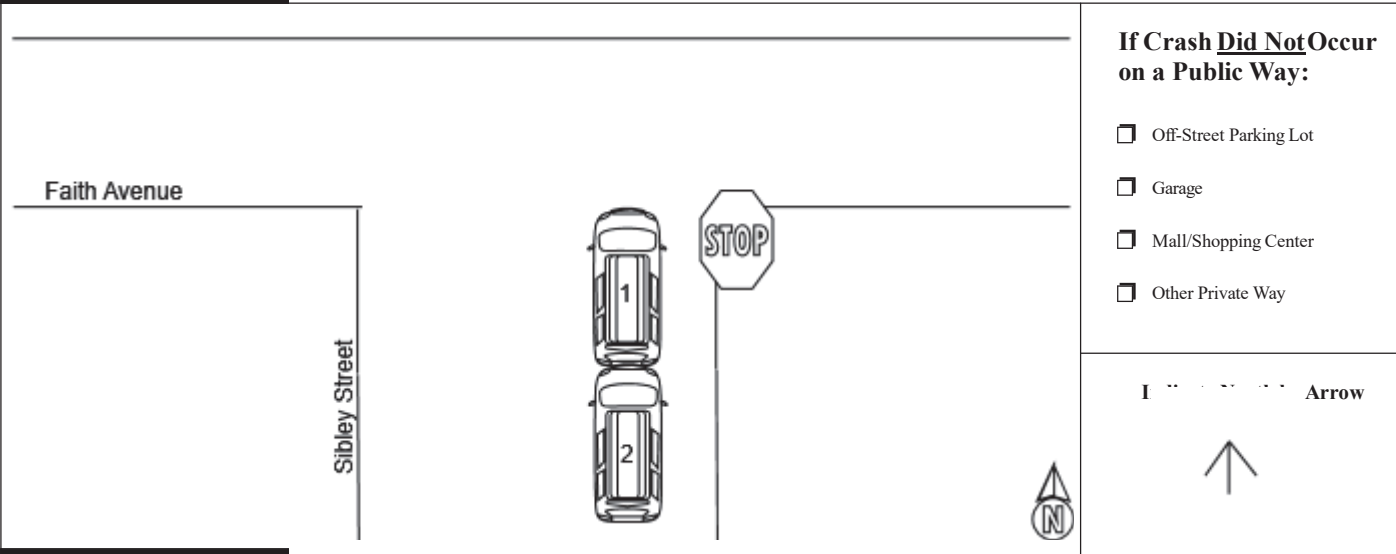
License # S53028693 St MA DOB/Age 12/01/1998 Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 20 CDL _____ Operator DIACO, NICHOLAS ANTHONY Address 10 SARATOGA DR City WORCESTER State MA Zip 01606-2542 Insurance Company ZURICH AMERICAN INSURANCE	Reg # W13924 Reg Type CON Reg State MA Veh Year 2021 Veh Make CHEVROLET Veh Config. 1 Owner ENTERPRISE FM TRUST Address 600 CORPORATE PARK DR City SAINT LOUIS State MO Zip 63105-4204 Vehicle Action Prior to Crash 2 Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event 1 <u>24</u> Driver Contributing Code 5 <u>25</u> <u>25</u> Driver Distracted by 0 <u>26</u>	Damaged Area Code: 0 <u>27</u> <u>27</u> <u>27</u> Test Status: 1 <u>28</u> Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 <u>31</u> Susp. Drug: 2 <u>32</u> Towed from scene? 2 <u>33</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Citation # (If Issued) _____	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

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	_____	_____	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

On December 23, 2023, I, Officer Dominic Walker was dispatched to Sibley Street for a report of a minor motor vehicle crash. I spoke with the operator of vehicle 1 who stated that they were stopped at the intersection to Faith Avenue when vehicle 2 rear ended them. The bumper to the car was damaged in the accident. The operator of vehicle 2 confirmed the report of what happened.

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 Dominic J Walker 87DW Auburn Police Department 12/23/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date