

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 02/14/2024	Time of Crash 1750 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

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

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 712 Direction _____ Address # SOUTHBRIDGE ST 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 _____
	_____ 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 **1** #Occupants Hit/Run Moped
Crash Report ID# **24-57-AC**

License # S21252511 St MA DOB/Age 06/29/1951	Reg # 3BNM38 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2019 Veh Make BUICKS Veh Config. 1 21
Operator LUSIGNAN, BONNY LU Last First Middle	Owner LUSIGNAN, BONNY LU Last First Middle
Address 34 THAYER POND DR APT 7	Address 34 THAYER POND DR APT 7
City NORTH OXFORD State MA Zip 01537-1121	City NORTH OXFORD State MA Zip 01537-1121
Insurance Company ARBELLA MUTUAL INSURANCE	Vehicle Action Prior to Crash 1 22
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 1 27 8 27 27
Citation # (If Issued) _____	Event Sequence 1 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: 1 28
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: 1 29
	Most Harmful Event 1 24
	BAC Test Result: 1 30
	Driver Contributing Code 1 25 25
	Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Driver Distracted by 0 26
	Towed from scene? 2 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	XXXX	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

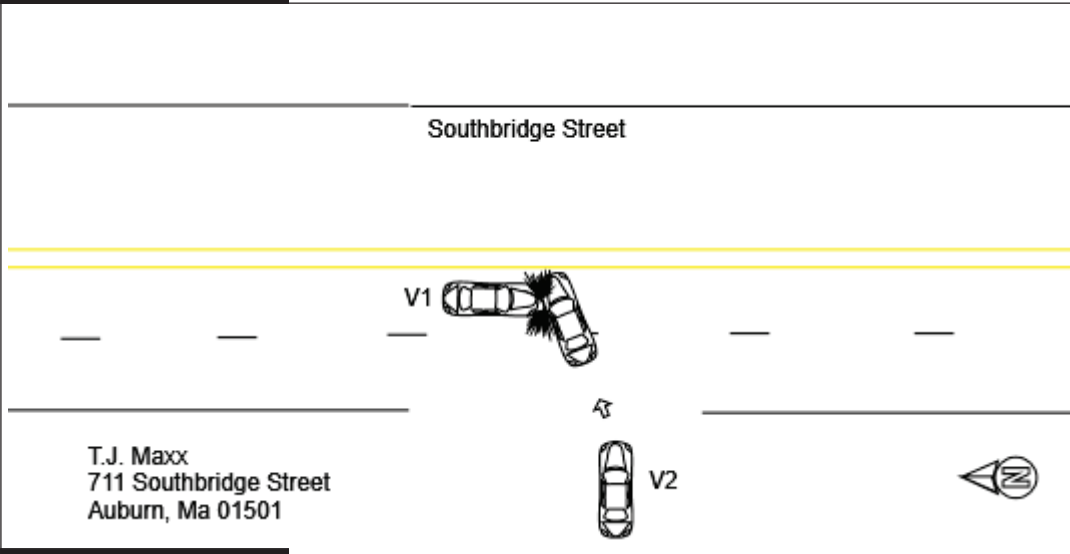
License # RF697003 St OH DOB/Age 02/19/1978	Reg # 1ZRT78 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2007 Veh Make Land Rover Veh Config. 1 21
Operator RIVERA, REVEL PEDRO Last First Middle	Owner RIVERA, REVEL PEDRO Last First Middle
Address 72 GRANITE ST	Address 72 GRANITE ST
City WEBSTER State MA Zip 01570-0000	City WEBSTER State MA Zip 01570-0000
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 4 22
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 8 27 27 27
Citation # (If Issued) _____	Event Sequence 1 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: 1 28
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: 1 29
	Most Harmful Event 1 24
	BAC Test Result: 1 30
	Driver Contributing Code 18 25 25
	Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Driver Distracted by 0 26
	Towed from scene? 2 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	XXXX	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

Indicate Direction of Arrow



Crash Narrative:

V1 was traveling south on Southbridge Street in the left lane. V2 attempted to pull out of the parking lot of Tj Maxx and take a left hand turn. V1 and V2 crashed into each other.

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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/14/2024

Date