

Date of Crash **02/24/2024** Time of Crash **2108** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **10** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# **314** Direction _____ Address # **WASHINGTON ST** Name of Roadway/Street _____

Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____

Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____

Feet **N S E W** of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **24-66-AC**

License # **S15491366** St **MA** DOB/Age **09/18/1991** Reg # **137TW4** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2014** Veh Make **TOYOTA** Veh Config. **1 21**

Operator **BEATO LOPEZ, JUAINER RAFERIN** Owner **BEATO LOPEZ, JUAINER RAFERIN**

Address **14 ENFIELD ST APT 3** Address **14 ENFIELD ST APT 3**

City **WORCESTER** State **MA** Zip **01602-3408** City **WORCESTER** State **MA** Zip **01602-3408**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **6 27 27 27**

Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

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	10	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 # _____ St _____ DOB/Age _____ Reg # **854EJ9** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **CHEVROLET** Veh Config. **1 21**

Operator _____ Owner **THOMAS, ANDREW CHRISTOPHER**

Address _____ Address **4A HENRY MARSH RD**

City _____ State _____ Zip _____ City **OXFORD** State **MA** Zip **01540-2049**

Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **4 27 27 27**

Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **29**

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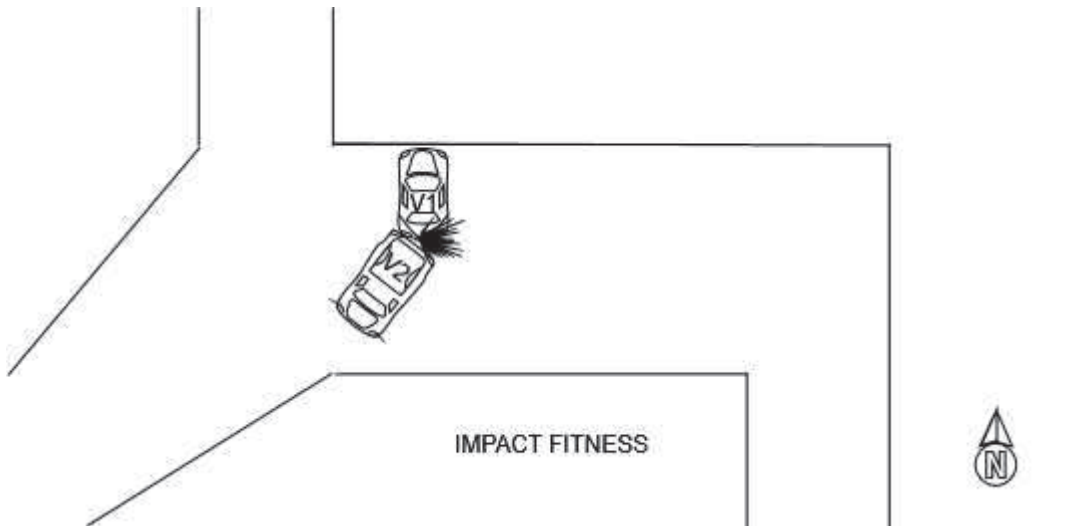
Towed from scene? **2 33**

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

Impact Arrow



Crash Narrative:

At approximately 2108 hours on 02/24/2024 the Auburn Police Department received a phone call stating that there was a motor vehicle accident in the parking lot of Impact Fitness.

The Operator of Vehicle: 1 (V1), stated that he was inside of the gym working out when a member of the staff found him and advised his vehicle had been hit.

The Operator of Vehicle: 2 (V2), stated she was backing out of her parking spot and backed into the rear-end of V1. V2 stated that she was looking at the backup camera however the lens was dirty and she was having trouble seeing the vehicle behind her.

V2 declined medical attention and both vehicles were deemed operable.

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 Jordan D Ryan

Police Officer Name (Please Print)

Signature

90JR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/24/2024

Date