

Date of Crash **02/29/2024** Time of Crash **1516** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

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

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

2 Route# **12** Direction _____ Address # **HEARD ST** Name of Roadway/Street _____

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

_____ Mile Marker _____ Exit Number _____

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

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

_____ Route# _____ Intersecting Roadway/Street _____

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

_____ Route# _____ Intersecting Roadway/Street _____

_____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 24-69-AC**

License # **S87632781** St **MA** DOB/Age **07/12/1988** Reg # **3LH396** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2021** Veh Make **HONDA** Veh Config. **1** **21**

Operator **PULECIO, VANESSA** Owner **PULECIO, VANESSA**

Address **10 HOLSTROM CT APT 1** Address **10 HOLSTROM CT APT 1**

City **AUBURN** State **MA** Zip **01501** City **AUBURN** State **MA** Zip **01501**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **9** **22** Damaged Area Code: **4** **27** **3** **27** **27**

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

Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **3** **25** **9** **25** BAC Test Result: **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? **1** **33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	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 # **S18446584** St **MA** DOB/Age **08/02/1996** Reg # **1XLJ82** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL _____ Veh Year **2019** Veh Make **CHEVROLET** Veh Config. **1** **21**

Operator **RICHARD, FELICIA MARIE** Owner **RICHARD, FELICIA MARIE**

Address **43 PARK ST APT 3** Address **43 PARK ST APT 3**

City **AYER** State **MA** Zip **01432** City **AYER** State **MA** Zip **01432**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **27** **27**

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

Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **29**

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

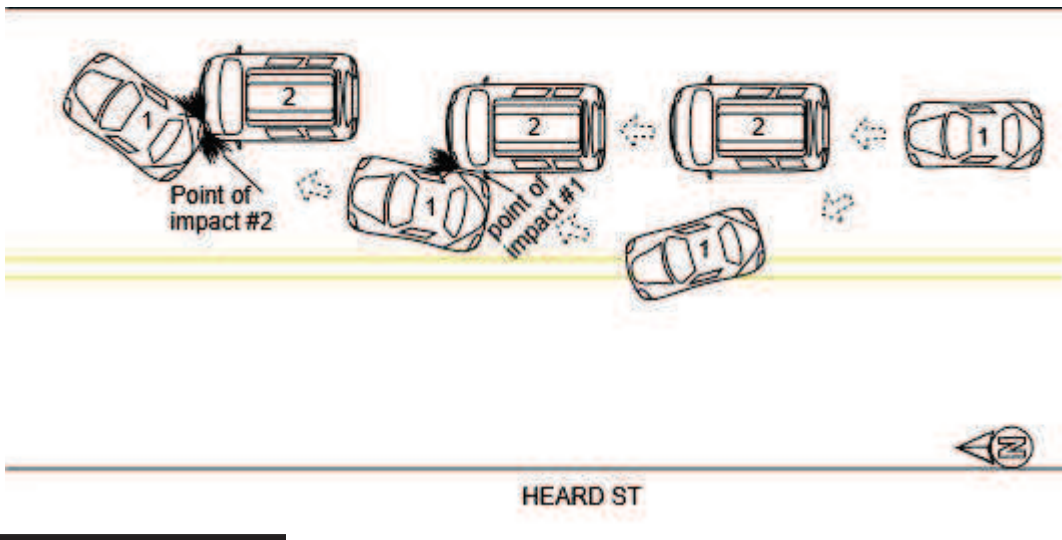
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	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

← Arrow



Crash Narrative:

VEHICLE #2 STATES THAT SHE WAS TRAVELING DOWN THE ROAD AND VEHICLE #1 WAS CLOSE BEHIND HER. VEHICLE #2 STATES THAT VEHICLE #1 THEN TRIED TO PASS HER ON THE LEFT SIDE, CROSSING OVER THE DOUBLE YELLOW LINE AND HIT HER WHILE TRYING TO GET BACK INTO THEIR LANE. THIS CAUSED VEHICLE #1 TO SPIN IN THE LANE AND VEHICLE #2 INADVERTENTLY STRUCK VEHICLE #1 A SECOND TIME. VEHICLE #1 EXPLAINED THAT THEY WERE DRIVING STRAIGHT ON HEARD ST WHEN ALL OF A SUDDEN THEY WERE HIT BY VEHICLE #2 AND SPUN AROUND. VEHICLE #2 THEN HIT THEM AGAIN AFTER THEY SPUN AROUND.

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 Brandyn J Geldart
Police Officer Name (Please Print)

Signature

86BG
ID/Badge #

Auburn Police Department
Department

Precinct/Barracks

02/29/2024
Date