

Date of Crash 03/12/2024	Time of Crash 1304 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 1	Speed Limit <u>35</u>	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:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>462</u> Direction _____ Address # <u>OXFORD STREET NO</u> 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 12 #Occupants Hit/Run Moped
Crash Report ID# **24-86-AC**

License # <u>SA2691507</u> St <u>MA</u> DOB/Age <u>07/25/1999</u>	Reg # <u>3ZGN37</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2012</u> Veh Make <u>SUBARU</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>GRATEROL UZCATEGUI, MARIA G</u> Last First Middle	Owner <u>GRATEROL UZCATEGUI, MARIA G</u> Last First Middle
Address <u>2 HOLLAND RD APT 1L</u>	Address <u>2 HOLLAND RD APT 1L</u>
City <u>WORCESTER</u> State <u>MA</u> Zip <u>01603-1840</u>	City <u>WORCESTER</u> State <u>MA</u> Zip <u>01603-1840</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>4</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Driver Distracted by <u>0</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>

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	10/22/1999	M	11	99	4	0	0	10	1	_____
DANIEL PENA LEON	2 HOLLAND RD WORCESTER, MA 01603-1840	10/22/1999	M	11	99	4	0	0	10	1	_____

Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

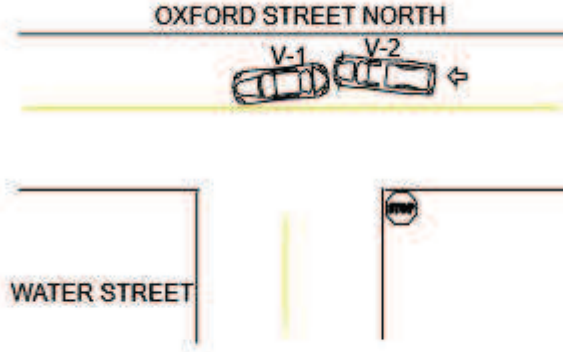
License # <u>S19368593</u> St <u>MA</u> DOB/Age <u>05/04/2002</u>	Reg # <u>2SHK51</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2019</u> Veh Make <u>DODGE</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>ROBERTSON, CHANDLER DEAN</u> Last First Middle	Owner <u>ROBERTSON, WILLIAM EWART</u> Last First Middle
Address <u>61 MASHAPAUG RD</u>	Address <u>61 MASHAPAUG RD</u>
City <u>HOLLAND</u> State <u>MA</u> Zip <u>01521-2511</u>	City <u>HOLLAND</u> State <u>MA</u> Zip <u>01521-2511</u>
Insurance Company <u>STATE FARM MUTUAL AUTOMOB</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>8</u> <u>27</u> <u>7</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Driver Distracted by <u>0</u> <u>26</u> Towed from scene? <u>1</u> <u>33</u>

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	10/22/1999	M	11	99	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 with Arrow



Crash Narrative:

Vehicle 1 (Subaru) was travelling south on Oxford Street North. It came to a stop to turn left on Water Street. Vehicle 2 (Dodge) was travelling behind vehicle 1. Vehicle 2 collided into the rear end of vehicle 1. The operator of vehicle 2 stated that he did not believe vehicle 1 had its left turn signal on indicating it was going to turn left. He attempted to avoid the collision but could not stop in time. Vehicle 1 sustained damage to its passenger side rear bumper. Vehicle 2 sustained heavy damage to its front end as well as the driver side front wheel and tire. Vehicle 2 was towed from the scene.

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 John P MacLean
Police Officer Name (Please Print)

Signature

65JM
ID/Badge #

Auburn Police Department
Department

Precinct/Barracks

03/12/2024
Date