Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only		

Date of Crash 03/16/2024 **Time of Crash** 1831 24HR **City/Town** Auburn

Number Vehicles 2 **Number Injured** 0

RMV Document Number

Speed Limit __40__
Latitude _____
Longitude _____

- [ ] State Police
- [x] Local Police
- [ ] MBTA Police
- [ ] Campus Police
- [ ] Other: _____

LOCATION

AT INTERSECTION: <   **NOT AT INTERSECTION:**

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 _____

NOT AT INTERSECTION:

Route# ____ Direction ____ Address # __700__ Name of Roadway/Street __SOUTHBRIDGE ST__

_____ Feet [N S E W] of ___ — ___ • ___ Mile Marker or _____ 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: [x] Vehicle 1 __1__ #Occupants [ ] Hit/Run [ ] Moped

Crash Report ID# 24-92-AC

License # S08658314 St MA DOB/Age 02/09/1973
Sex F Lic. Class D [19 19] Lic. Restrictions 99 [20] CDL Endorsement ____
Operator NGUYEN, LAN XUAN (Last / First / Middle)
Address 34 DUSTIN ST
City WORCESTER State MA Zip 01604-6006
Insurance Company PLYMOUTH ROCK ASSURANCE C
Vehicle Travel Direction: N [X] E 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 _____

Reg # 6JP225 Reg Type PC Reg State MA
Veh Year 2012 Veh Make LINCOLN Veh Config. 1 [21]
Owner NGUYEN, LAN XUAN (Last / First / Middle)
Address 34 DUSTIN ST
City WORCESTER State MA Zip 01604-6006
Vehicle Action Prior to Crash 1 [22]
Event Sequence 1 [23] [23] 23 [23]
Most Harmful Event 1 [24]
Driver Contributing Code 1 [25] [25]
Driver Distracted by 0 [26]

Damaged Area Code: 7 [27] [27] [27]
Test Status: 1 [28]
Type of Test: [29]
BAC Test Result: [30]
Susp. Alcohol: 2 [31] Susp. Drug: 2 [32]
Towed from scene? 2 [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	✕	✕	1	1	4	0	0	10	1	

Please Select One of the Following: [x] Vehicle 2 __3__ #Occupants [ ] Non-Motorist A Type [15] Action [16] Location [17] Condition [18] [ ] Hit/Run [ ] Moped

License # S65553550 St MA DOB/Age 04/10/1948
Sex F Lic. Class D [19 19] Lic. Restrictions 1 [20] CDL Endorsement ____
Operator LOPEZ TORRES, ANGELA MARIA (Last / First / Middle)
Address 501 PLANTATION ST APT 214
City WORCESTER State MA Zip 01605-2380
Insurance Company LIBERTY MUTUAL INSURANCE
Vehicle Travel Direction: N [X] E 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 _____

Reg # 17XL48 Reg Type PC Reg State MA
Veh Year 2015 Veh Make JEEP Veh Config. 1 [21]
Owner LOPEZ TORRES, ANGELA MARIA (Last / First / Middle)
Address 501 PLANTATION ST APT 214
City WORCESTER State MA Zip 01605-2380
Vehicle Action Prior to Crash 5 [22]
Event Sequence 1 [23] [23] 23 [23]
Most Harmful Event 1 [24]
Driver Contributing Code 19 [25] [25]
Driver Distracted by 99 [26]

Damaged Area Code: 2 [27] [27] [27]
Test Status: 1 [28]
Type of Test: [29]
BAC Test Result: [30]
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	✕	✕	1	1	4	0	0	10	1	
CHRISTIAN COLONDRES	4 ASHMONT AVE WORCESTER, MA 01610-2881	10/19/1998	M	6	1	4	0	0	10	1	
ANA SANTIAGO ROBLES	33 MILLBURY ST WORCESTER, MA 01610-2843	06/01/1975	F	3	1	4	0	0	10	1	

Crash Diagram:

= Direction [1] **= Vehicle 1** [2] **= Vehicle 2** ⚲ **= Pedestrian** 🚲 **= Bicycle**

ie: ➡ [1] ➡ [2] ➡⚲ ➡🚲

If Crash __Did Not__ Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

VEHICLE 2 WAS CHANGING LANES ATTEMPTING TO MAKE IT INTO A PARKING LOT THEY WERE GOING TO

PASS. VEHICLE 2 DID NOT SEE VEHICLE 1 AND STRUCK THE SIDE OF THEIR VEHICLE

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		86BG	Auburn Police Department		03/16/2024
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date