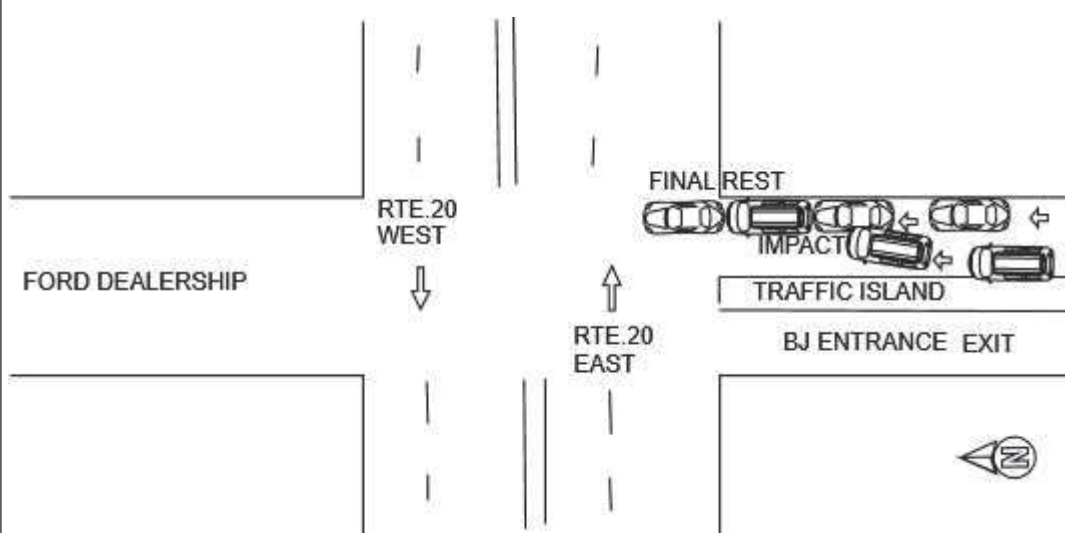


Police Use Only			Commonwealth of Massachusetts						RMV Document Number					
Date of Crash 05/18/2025	Time of Crash 1002 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:								
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street Feet N S E W of . or Mile Marker Exit Number						2 10					
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street						4 11					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark											
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-170-AC					
License # S24627035 St MA DOB/Age 12/31/1962			Reg # 1JCF97 Reg Type PAN Reg State MA						99 12					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2005 Veh Make TOYOTA Veh Config. 1 21						99 12					
Operator PHAN, EM VAN Last First Middle			Owner PHAN, EM VAN Last First Middle											
Address 28 AMESBURY ST			Address 28 AMESBURY ST											
City WORCESTER State MA Zip 01605-2021			City WORCESTER State MA Zip 01605-2021											
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 3 22						Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23						Test Status: 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 19 25 25						BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26						Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved			Towed from scene? 2 33						1 13					
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	
YEN VUONG			28 AMESBURY ST WORCESTER, MA 01605-2021		04/21/1963	F	3	1	4	0	0	10	1	
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.					
License # S90914026 St MA DOB/Age 09/29/1983			Reg # 5GEV18 Reg Type PAN Reg State MA						99 14					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2006 Veh Make HONDA Veh Config. 1 21						99 14					
Operator ACEVEDO, LUIS D Last First Middle			Owner MALONE, DANIELLE CORDREY Last First Middle											
Address 5 GRANITE ST			Address 18 FABYAN RD											
City WORCESTER State MA Zip 01604-5429			City DUDLEY State MA Zip 01571-5943											
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22						Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23						Test Status: 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 6 25 25						BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26						Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved			Towed from scene? 2 33						1 14					
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/Occupants			See Above				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

Insert Arrow



Crash Narrative:

MV#1 TRAVELLING NORTH OUT OF THE ENTRANCE TO BJ'S. MV#2 TRAVELLING NORTH OUT OF THE ENTRANCE TO BJ'S. OPERATOR OF MV#2 STATED HE WAS TRAVELLING IN THE FAR RIGHT LANE OF THE EXIT AND PREPARING TO TURN RIGHT ONTO RTE.20 (EAST). AS MV#2 WAS ON THE RIGHT SIDE OF MV#1, THE OPERATOR OF MV #1 SWERVED RIGHT AND AS A RESULT IMPACTED MV#2 AT THE CENTER OF THE DRIVER'S SIDE DOOR WITH PASSENGER'S RIGHT FRONT QUARTER. THE CONTACT DAMAGE CONTINUED DOWN THE RIGHT SIDE OF MV#2. WHEN I ARRIVED MV#2 WAS AT FINAL REST AT THE EXIT FACING IN A NORTHERN DIRECTION AND MV#1 WAS STOPPED TO THE REAR OF MV#2 ALSO FACING IN A NORTHERN DIRECTION. BASED ON THE IMPACT POINT ON MV#2 MY INVESTIGATION HAS DETERMINED THAT THE OPERATOR OF MV#1 SHOULD HAVE SEEN MV#2 ON THE RIGHT SIDE OF HIS 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 Jason Miglionico

Police Officer Name (Please Print)

Signature

52JM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/18/2025

Date