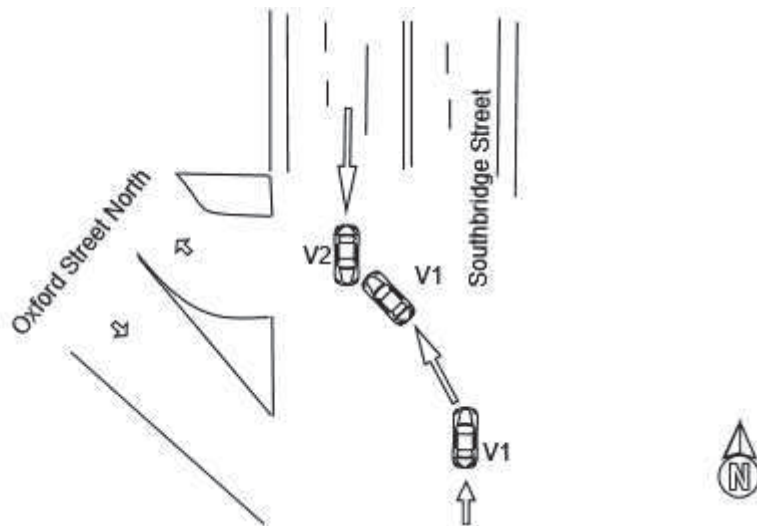


| Police Use Only  |  |   | Commonwealth of Massachusetts |                                  |  |  |  | RMV Document Number  |                         |                        |                |  |  |  |
|--|--|---|-------------------------------|----------------------------------|--|--|--|--|-------------------------|------------------------|----------------|--|--|--|
| Date of Crash<br>02/17/2025  |  | Time of Crash<br>1910<br>24HR                             |                               | City/Town<br>Auburn              |  | Motor Vehicle Crash<br>Police Report               |  |  | Number<br>Vehicles<br>2 | Number<br>Injured<br>0 | Speed Limit 40 |  | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other: |  |
| AT INTERSECTION:   |  |   |                               | < LOCATION >                     |  | NOT AT INTERSECTION:                               |  |  |                         |                        |                |  |  |  |
| Route# Direction Name of Roadway/Street  |  |   |                               |                                  |  | Route# Direction Address # Name of Roadway/Street  |  |  |                         |                        |                |  |  |  |
| At   |  |   |                               |                                  |  | Feet N S E W of or Mile Marker Exit Number         |  |  |                         |                        |                |  |  |  |
| Route# Direction Name of Intersecting Roadway/Street   |  |   |                               |                                  |  | Feet N S E W of Route# Intersecting Roadway/Street |  |  |                         |                        |                |  |  |  |
| Also at Intersection with  |  |   |                               |                                  |  | Feet N S E W of Landmark                           |  |  |                         |                        |                |  |  |  |
| Route# Direction Name of Intersecting Roadway/Street   |  |   |                               |                                  |  |  |  |  |                         |                        |                |  |  |  |
| Please Select One of the Following:  |  | <input checked="" type="checkbox"/> Vehicle 13 #Occupants |                               | <input type="checkbox"/> Hit/Run |  | <input type="checkbox"/> Moped                     |  | Crash Report ID# 25-70-AC  |                         |                        |                |  |  |  |
| License # SA4900109 St MA DOB/Age 09/13/2002   |  |   |                               |                                  |  | Reg # 5KFJ87 Reg Type PC Reg State MA              |  |  |                         |                        |                |  |  |  |
| Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement  |  |   |                               |                                  |  | Veh Year 2017 Veh Make BMW Veh Config. 1 21        |  |  |                         |                        |                |  |  |  |
| Operator MAINE, AMYA K Last First Middle   |  |   |                               |                                  |  | Owner MAINE, AMYA K Last First Middle              |  |  |                         |                        |                |  |  |  |
| Address 30 WESTMINSTER ST  |  |   |                               |                                  |  | Address 30 WESTMINSTER ST                          |  |  |                         |                        |                |  |  |  |
| City WORCESTER State MA Zip 01605-3431   |  |   |                               |                                  |  | City WORCESTER State MA Zip 01605-3431             |  |  |                         |                        |                |  |  |  |
| Insurance Company PILGRIM INSURANCE COMPANY  |  |   |                               |                                  |  | Vehicle Action Prior to Crash 4 22                 |  |  |                         |                        |                |  |  |  |
| Vehicle Travel Direction: X S E W Responding to Emergency? 2   |  |   |                               |                                  |  | Event Sequence 1 23 23 23 23                       |  |  |                         |                        |                |  |  |  |
| Citation # (If Issued)   |  |   |                               |                                  |  | Most Harmful Event 1 24                            |  |  |                         |                        |                |  |  |  |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub  |  |   |                               |                                  |  | Driver Contributing Code 4 25 25                   |  |  |                         |                        |                |  |  |  |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub  |  |   |                               |                                  |  | Driver Distracted by 0 26 26                       |  |  |                         |                        |                |  |  |  |
| Please fill out for operator and all occupants involved  |  |   |                               |                                  |  | Damaged Area Code: 8 27 27 27                      |  |  |                         |                        |                |  |  |  |
| 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 |  |   |                               |                                  |  | Test Status: 28                                    |  |  |                         |                        |                |  |  |  |
| Operator See Above   |  |   |                               |                                  |  | Type of Test: 29                                   |  |  |                         |                        |                |  |  |  |
| DENNIS MOJICA GARCIA 161 W MOUNTAIN ST WORCESTER, MA 01601 07/15/1999 M 3 1 4 0 0 10 1   |  |   |                               |                                  |  | BAC Test Result: 30                                |  |  |                         |                        |                |  |  |  |
| SHYLA NELSON 6 BYRON ST WORCESTER, MA 01605-3219 12/27/2000 F 5 1 4 0 0 10 1   |  |   |                               |                                  |  | Susp. Alcohol: 31 Susp. Drug: 32                   |  |  |                         |                        |                |  |  |  |
|  |  |   |                               |                                  |  | Towed from scene? 2 33                             |  |  |                         |                        |                |  |  |  |
| 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 # S32432733 St MA DOB/Age 07/23/1960   |  |   |                               |                                  |  | Reg # 1PST63 Reg Type PC Reg State MA              |  |  |                         |                        |                |  |  |  |
| Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement  |  |   |                               |                                  |  | Veh Year 2020 Veh Make KIA Veh Config. 1 21        |  |  |                         |                        |                |  |  |  |
| Operator COTTO, KIMBERLY ANN Last First Middle   |  |   |                               |                                  |  | Owner COTTO, KIMBERLY ANN Last First Middle        |  |  |                         |                        |                |  |  |  |
| Address 21 FIRST AVE APT 7   |  |   |                               |                                  |  | Address 21 FIRST AVE APT 7                         |  |  |                         |                        |                |  |  |  |
| City DUDLEY State MA Zip 01571-3452  |  |   |                               |                                  |  | City DUDLEY State MA Zip 01571-3452                |  |  |                         |                        |                |  |  |  |
| Insurance Company PLYMOUTH ROCK ASSURANCE C  |  |   |                               |                                  |  | Vehicle Action Prior to Crash 1 22                 |  |  |                         |                        |                |  |  |  |
| Vehicle Travel Direction: N X E W Responding to Emergency? 2   |  |   |                               |                                  |  | Event Sequence 1 23 23 23 23                       |  |  |                         |                        |                |  |  |  |
| Citation # (If Issued)   |  |   |                               |                                  |  | Most Harmful Event 1 24                            |  |  |                         |                        |                |  |  |  |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub  |  |   |                               |                                  |  | Driver Contributing Code 1 25 25                   |  |  |                         |                        |                |  |  |  |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub  |  |   |                               |                                  |  | Driver Distracted by 0 26 26                       |  |  |                         |                        |                |  |  |  |
| Please fill out for operator and all occupants involved  |  |   |                               |                                  |  | Damaged Area Code: 8 27 27 27                      |  |  |                         |                        |                |  |  |  |
| 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 |  |   |                               |                                  |  | Test Status: 28                                    |  |  |                         |                        |                |  |  |  |
| Operator/Occupants See Above   |  |   |                               |                                  |  | Type of Test: 29                                   |  |  |                         |                        |                |  |  |  |
|  |  |   |                               |                                  |  | BAC Test Result: 30                                |  |  |                         |                        |                |  |  |  |
|  |  |   |                               |                                  |  | Susp. Alcohol: 31 Susp. Drug: 32                   |  |  |                         |                        |                |  |  |  |
|  |  |   |                               |                                  |  | Towed from scene? 1 33                             |  |  |                         |                        |                |  |  |  |

→ = 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

I ... Arrow



### Crash Narrative:

V1 was traveling north on Southbridge Street and V2 was traveling south on Southbridge St when they both collided. The operator of V1 stated that she was turning left onto Oxford Street North. The operator of V2 stated that she was going straight through the intersection. The operator of V1 believed that the operator of V2 "smelled like alcohol". I spoke with that operator twice in closed air environments and I did not detect the odor of an alcoholic beverage. I also did not observe any signs of impairment. V1 failed to yield to V2 which was traveling straight ahead.

### 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 Matthew Laskes

Police Officer Name (Please Print)

Signature

72ML

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/17/2025

Date