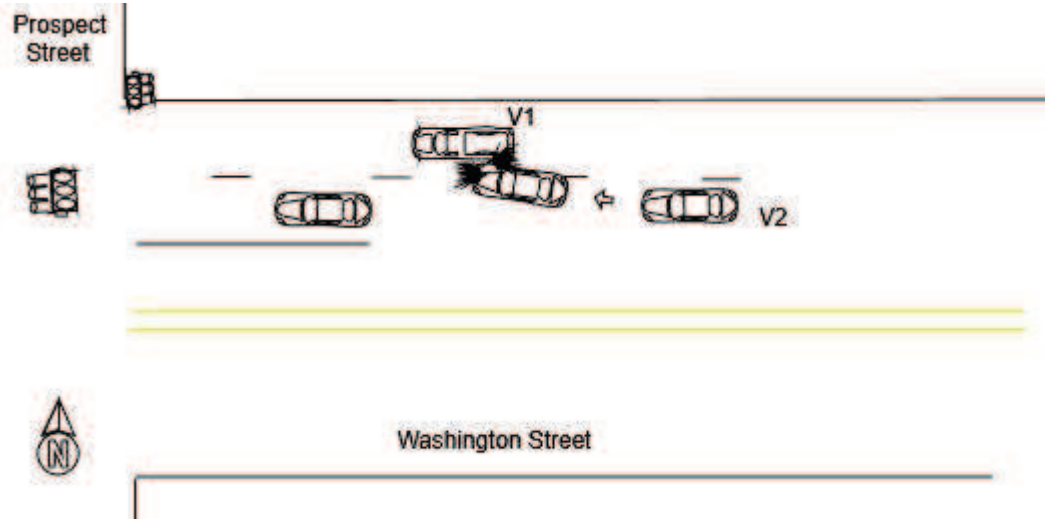


Police Use Only			Commonwealth of Massachusetts						RMV Document Number					
Date of Crash 12/20/2024		Time of Crash 1419 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
<div>1</div> <div>1</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>2</div> <div>10</div> <div>WASHINGTON ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>								
						<div>4</div> <div>11</div>								
						<div>3</div>								
						<div>2</div> <div>4</div>								
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-460-AC						
License # S36422005 St MA DOB/Age 03/31/1968						Reg # 77NJ25 Reg Type PC Reg State MA								
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2021 Veh Make TOYOTA Veh Config. 1 21								
Operator HORANZY, SCOTT EDWARD						Owner HORANZY, SCOTT EDWARD								
Address 46A ELM ST APT 5						Address 46A ELM ST APT 5								
City WORCESTER State MA Zip 01609-2565						City WORCESTER State MA Zip 01609-2565								
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N S X 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						Towed from scene? 2 33								
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								
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 # unknown St DOB/Age 10/07/1992						Reg # 4VXF22 Reg Type PC Reg State MA								
Sex F Lic. Class 99 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2021 Veh Make BMW Veh Config. 1 21								
Operator KYSSILA SILVA SENA, DRIELE						Owner BARROSO JUNIOR, RONALDO								
Address 32 VALE ST						Address 32 VALE ST								
City WORCESTER State MA Zip 01607						City WORCESTER State MA Zip 01604								
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N S X 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 11 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						Towed from scene? 2 33								
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								

→ = 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:

V1 and V2 were traveling east on Washington Street. The traffic light at the intersection of Washington Street and Prospect Street showed red. V2 attempted to stop and slid on snow/ice and side swiped V1.

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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/20/2024

Date