

Date of Crash **05/22/2023** Time of Crash **1038** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# **20** Direction **W** Address # **2** Name of Roadway/Street **WASHINGTON ST**

Route# **2** Direction **W** Address # **2** Name of Roadway/Street **WASHINGTON ST**

Route# **2** Direction **W** Address # **2** Name of Roadway/Street **WASHINGTON ST**

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-169-AC**

License # **S12392237** St **MA** DOB/Age **09/24/1961** Reg # **2SLF96** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement **20** Veh Year **2002** Veh Make **HONDA** Veh Config. **1**

Operator **SILVA CARMO, IEDA CRISTINA** Owner **SILVA CARMO, IEDA CRISTINA**

Address **17 WASHINGTON ST APT 18** Address **17 WASHINGTON ST APT 18**

City **AUBURN** State **MA** Zip **01501-3021** City **AUBURN** State **MA** Zip **01501-3021**

Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **2** Damaged Area Code: **4**

Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **1**

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	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

License # **S24740865** St **MA** DOB/Age **12/29/1983** Reg # **5BCS41** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement **20** Veh Year **2013** Veh Make **DODGE** Veh Config. **1**

Operator **ST GERMAIN, RACHAEL A** Owner **ST GERMAIN, RACHAEL A**

Address **224 MAIN ST** Address **224 MAIN ST**

City **WHITINSVILLE** State **MA** Zip **01588-2229** City **WHITINSVILLE** State **MA** Zip **01588-2229**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **8**

Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **5** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** Susp. Alcohol: **31** Susp. Drug: **32**

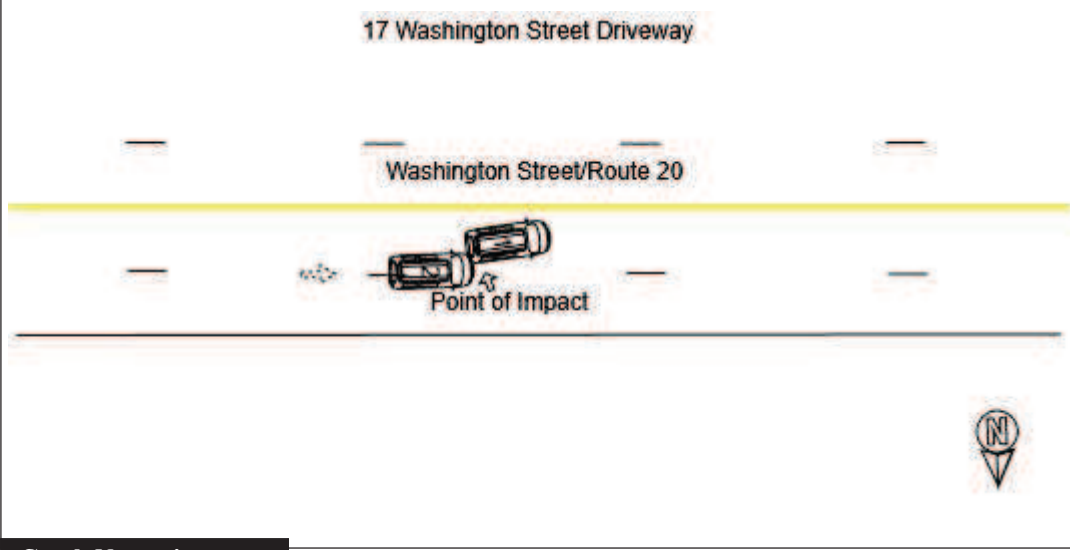
Towed from scene? **1**

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	XXXXXX	XXXX	1	1	3	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

↓ Arrow

Crash Narrative:

Vehicle 1 was slowed or stopped in the Westbound travel lane of Washington Street/Route 20 waiting to take a left into 17 Washington Street. Vehicle 2 was traveling Westbound on Washington Street and rear ended Vehicle 1. Vehicle 1 operator stated she had pulled out of the Namco parking lot and was waiting to take a left turn with her left directional on when she was hit from behind. Vehicle 2 operator stated that Vehicle 1 "jacked on the brakes", stopping abruptly in front of her. Witness stated that Vehicle 1 turned right and entered the left lane going Westbound, put on the left directional and stopped. Witness stated that Vehicle 2 then rammed into the back of Vehicle 1.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CLAPPERTON NANCY D	427 SOUTH ST AUBURN MA 01501	[REDACTED]	

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 Adam D Gustafson 62AG Auburn Police Department 05/22/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date