

Date of Crash **11/12/2023** Time of Crash **1915** 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# _____ Direction _____ Name of Roadway/Street _____ At _____

Route# **793** Direction _____ Address # **SOUTHBRIDGE ST** Name of Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped **Crash Report ID# 23-378-AC**

License # **S47624481** St **MA** DOB/Age **12/13/1964** Reg # **5CM182** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2014** Veh Make **TOYOTA** Veh Config. **1**

Operator **DUTAN, JOSE H** Owner **BALLADARES MAYANCELA, JUAN ANDRES**

Address **1 PURCHASE ST APT 1** Address **1 PURCHASE ST**

City **MILFORD** State **MA** Zip **01757-1630** City **MILFORD** State **MA** Zip **01757-1630**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **4** Damaged Area Code: **1**

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

Citation # (If Issued) **279845AC** Most Harmful Event **1** Type of Test: **1**

Viol. 1: Ch/Sec/Sub **89** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **97** BAC Test Result: **1**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**

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	X	X	1	0	4	0	0	10	1
ROSA MAYANCELA-GARCIA	1 PURCHASE ST MILFORD, MA 01757	06/10/1971	F	3	0	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 # **unknown** St _____ DOB/Age **1** Reg # **1WZ587** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2017** Veh Make **TOYOTA** Veh Config. **1**

Operator **IRELAND, REILLY** Owner **IRELAND, SABRINA BRANDY**

Address **4 HAMPDEN CT** Address **4 HAMPDEN CT**

City **MENDON** State **MA** Zip **01756** City **MONSON** State **MA** Zip **01057-1404**

Insurance Company **USAA GENERAL INDEMNITY CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **2**

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

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

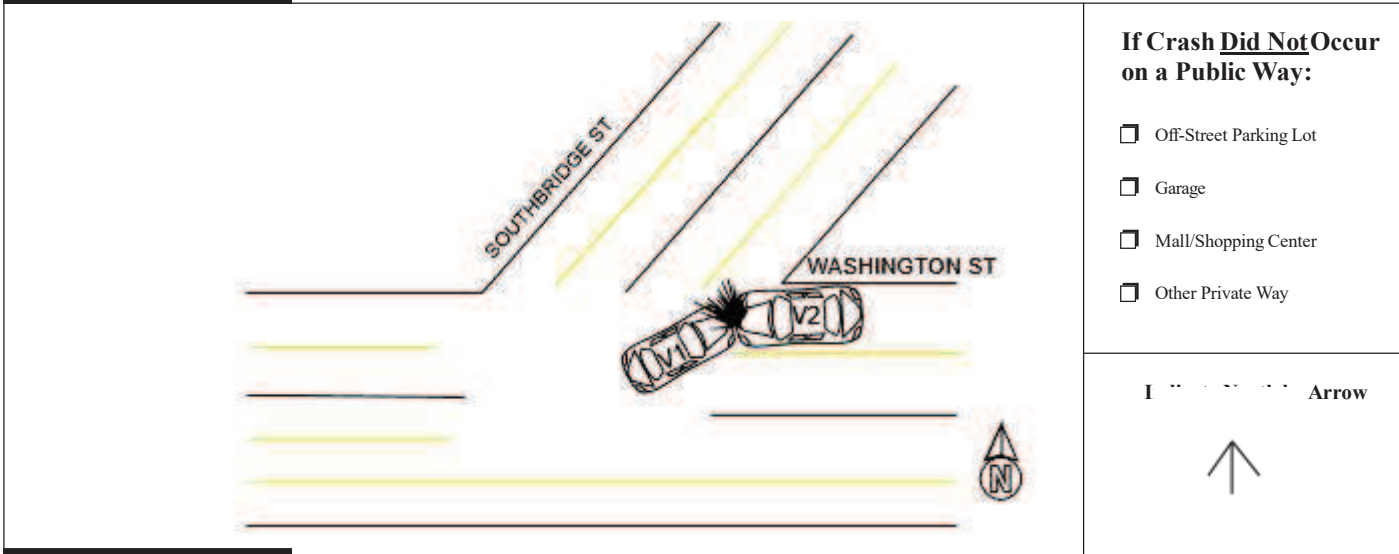
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** BAC Test Result: **1**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**

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	X	X	1	1	4	0	0	10	1
SABRINA IRELAND	4 HAMPDEN CT MONSON, MA 01057-1404	09/20/1986	F	1	1	4	0	0	10	1	

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ♂ = Pedestrian ☣ = Bicycle
 ie: → [1] → [2] → ♂ → ☣

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

I _____ Arrow



Crash Narrative:

The Auburn Police Department received a 911 call for a Motor Vehicle Accident at the intersection of Washington Street and Southbridge Street. Upon arrival I spoke with the Operator of V1 whom stated that he was taking a left-hand turn onto Southbridge Street while in the intersection he struck the front-end of V2. The Operator of V1 stated he was traveling at approximately 30 MPH during the time of the collision. The Operator of V2 stated that she was traveling Westbound on Washington Street after being stationary at the intersection of Southbridge Street and Washington Street during a red-light cycle. As she proceeded to enter the intersection her drivers-side frontend was struck by V1. Both vehicles were operable and were driven by their perspective owners from the scene. All involved participants declined seeking medical attention. The Operator of V1 was issued Citation: 279845AC for Chapter: 89 Section: 9 Failure to stop/yield.

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 Jordan D Ryan 90JR Auburn Police Department 11/12/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date