

Date of Crash **06/24/2024** Time of Crash **1806** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **40** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**20 E WASHINGTON ST**  
Route# Direction Name of Roadway/Street  
At  
**APPLETON RD**  
Route# Direction Name of Intersecting Roadway/Street  
Also at Intersection with  
Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-212-AC**

License # **S16345113** St **MA** DOB/Age **04/09/1950** Reg # **531TH7** Reg Type **PAN** Reg State **MA**  
Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement **20** Veh Year **2011** Veh Make **SUBARU** Veh Config. **1**  
Operator **PUJOLS-TORO, GLORIA LUZ** Owner **TORO, PEDRO B SR**  
Address **12 WYMAN ST APT 1** Address **12 WYMAN ST APT 1**  
City **WORCESTER** State **MA** Zip **01610** City **WORCESTER** State **MA** Zip **01610-1619**  
Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **2** **27** **4** **27** **27**  
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** **24** Type of Test: **0** **29**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99** **25** **25** BAC Test Result: **30**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**  
Towed from scene? **1** **33**

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
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	

Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

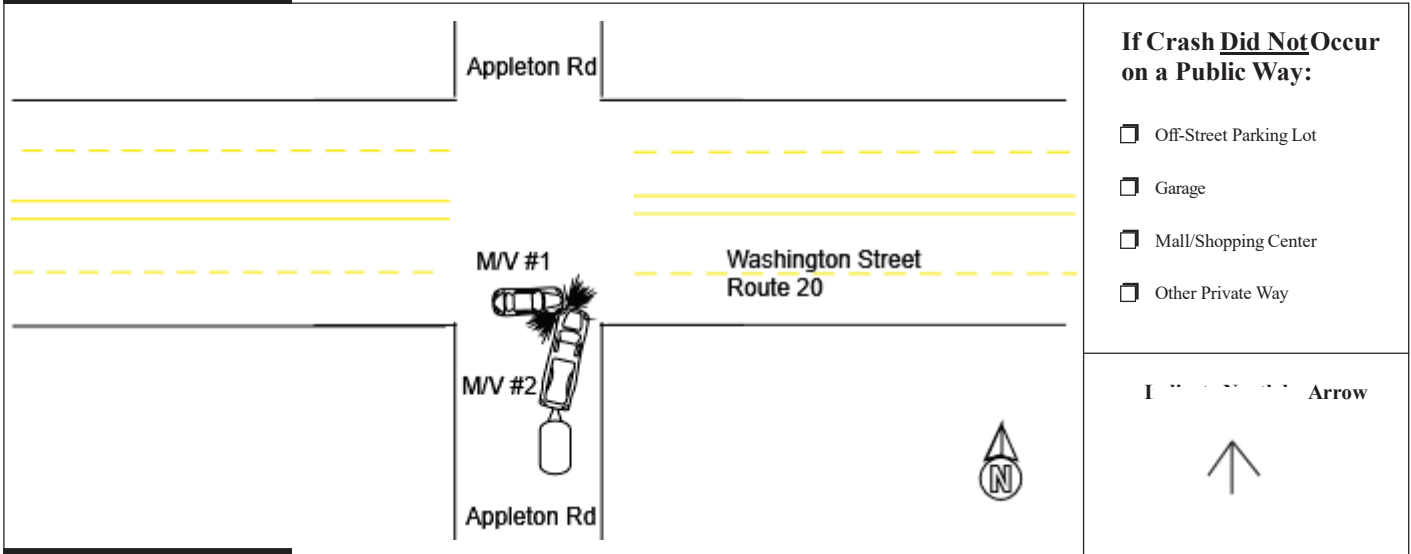
License # **S65263796** St **MA** DOB/Age **07/29/1969** Reg # **292WCE** Reg Type **PAN** Reg State **MA**  
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement **20** Veh Year **2014** Veh Make **TOYOTA** Veh Config. **2**  
Operator **LIDONDE, ARMSTRONG K** Owner **LIDONDE, ARMSTRONG K**  
Address **234 MASHAPAUG RD** Address **234 MASHAPAUG RD**  
City **HOLLAND** State **MA** Zip **01521-2520** City **HOLLAND** State **MA** Zip **01521-2520**  
Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **3** Damaged Area Code: **7** **27** **8** **27** **27**  
Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**  
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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
<b>Operator/Occupants</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

→ = 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:**

M/V #1 was traveling east on Washington Street. M/V #2 was making a right turn from Appleton Rd (northbound) to Washington St (eastbound).

Both operators state they had the green light. Oper of M/V #2 allowed his vehicle to be downloaded which did show he had been stopped and the vehicle began to accelerate through the intersection 2.6 seconds prior to the impact attaining a maximum speed of 6.8 mph.

The download of vehicle 2 appears to support the assertion of operator #2 that his light had just changed to green.

**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 Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/24/2024

Date