

Date of Crash **07/21/2024** Time of Crash **1348** 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:

WASHINGTON ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
MILLBURY ST
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
Feet **N S E W** of _____ or _____
Mile Marker _____ Exit Number _____
Feet **N S E W** of _____
Route# _____ Intersecting Roadway/Street _____
Feet **N S E W** of _____
Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-247-AC**

License # **S95241274** St **MA** DOB/Age **09/23/1997** Reg # **4AEM19** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D 19 19 99** Lic. Restrictions **1 20** CDL _____ Endorsement _____
Operator **FUENTES, XENIA ASHLENE** Owner **FUENTES, XENIA ASHLENE**
Address **28 GROVE ST APT C** Address **28 GROVE ST APT C**
City **MILLBURY** State **MA** Zip **01527-2682** City **MILLBURY** State **MA** Zip **01527-2682**
Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **1 27 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: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **2 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
Operator	See Above	XXXXXX	X	1	1	4	0	0	10	1	

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

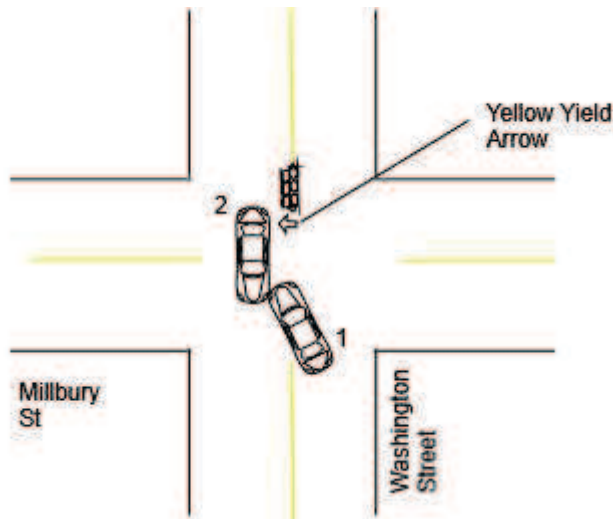
License # **S71311191** St **MA** DOB/Age **10/02/1973** Reg # **9DV311** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D 19 19 99** Lic. Restrictions **1 20** CDL _____ Endorsement _____
Operator **AMOAH, PROSPER** Owner **AMOAH, PROSPER**
Address **15 DENNISON LN PH** Address **15 DENNISON LN PH**
City **SOUTHBRIDGE** State **MA** Zip **01550-2121** City **SOUTHBRIDGE** State **MA** Zip **01550-2121**
Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 0 27 27**
Vehicle Travel Direction: **N S E X** 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: **29**
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Operator/Occupants	See Above	XXXXXX	X	1	1	4	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

Intersecting Arrow



Crash Narrative:

Vehicle One was making a left hand turn onto Millbury Street. The traffic signal had a flashing yellow light presented. Vehicle Two was traveling Westbound on Washington Street, the vehicle collided in the intersection.

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 ANDREW F MARKVENAS 93AM Auburn Police Department 07/21/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date