

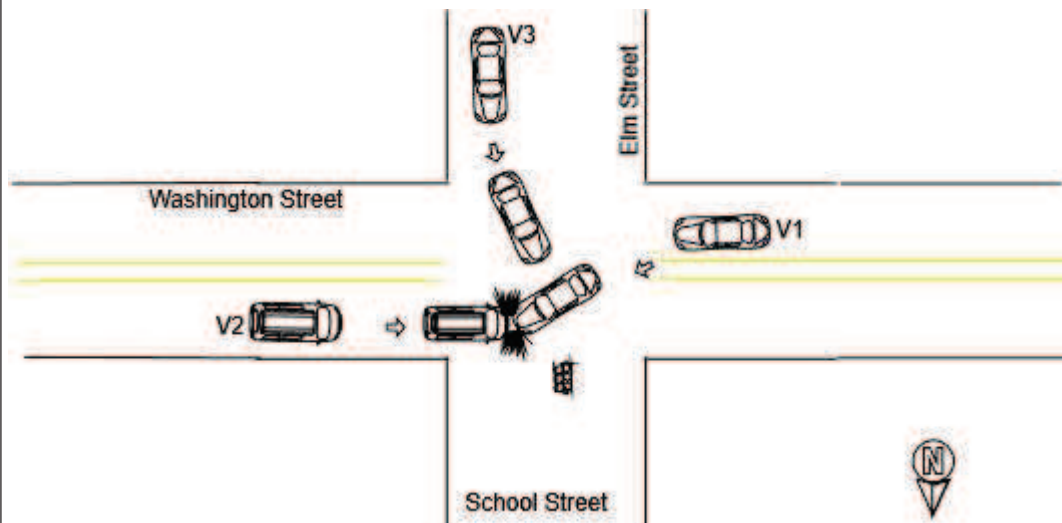
Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 08/02/2024		Time of Crash 1525 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 1	Speed Limit 50		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																							
WASHINGTON ST																															
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																									
At						Feet N S E W of or Mile Marker Exit Number																									
SCHOOL ST																															
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street																									
Also at Intersection with																															
Route# Direction Name of Intersecting Roadway/Street						Landmark																									
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-261-AC																							
License # S77767675 St MA DOB/Age 12/02/1996						Reg # 3JJF59 Reg Type PC Reg State MA																									
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2018 Veh Make TOYOTA Veh Config. 1 21																									
Operator ESCALERA, GENESIS						Owner RIVAS, ANGEL D																									
Last First Middle						Last First Middle																									
Address 52 WORCESTER ST APT L						Address 52 WORCESTER ST APT L																									
City SOUTHBRIDGE State MA Zip 01550-3408						City SOUTHBRIDGE State MA Zip 01550-3408																									
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 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 Viol. 2: Ch/Sec/Sub						BAC Test Result: 1 30																									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Susp. Alcohol: 2 31 Susp. Drug: 2 32																									
Driver Contributing Code 12 25 25						Towed from scene? 2 33																									
Driver Distracted by 0 26 26																															
Please fill out for operator and all occupants involved																															
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						X		X		1		1		4		0		0		10		1			
												X		X																	
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 # S67868200 St MA DOB/Age 12/07/1976						Reg # V19390 Reg Type CO Reg State MA																									
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2023 Veh Make ISUZU Veh Config. 13 21																									
Operator RODRIGUES, ADYLSN MONTEIRO						Owner IDEAL MOVERS AND STORAGE INC																									
Last First Middle						Last First Middle																									
Address 289 RIVER DR						Address 10 MILL VALLEY RD																									
City HADLEY State MA Zip 01035-9639						City HADLEY State MA Zip 01035-9571																									
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 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: 0 29																									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 1 30																									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Susp. Alcohol: 2 31 Susp. Drug: 2 32																									
Driver Contributing Code 1 25 25						Towed from scene? 2 33																									
Driver Distracted by 0 26 26																															
Please fill out for operator and all occupants involved																															
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						X		X		1		1		4		0		0		10		1			
												X		X																	

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 08/02/2024		Time of Crash 1525 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 1	Speed Limit 50		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
WASHINGTON ST																	
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At																	
SCHOOL ST						Feet N S E W of or Mile Marker Exit Number											
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with																	
Route# Direction Name of Intersecting Roadway/Street						Landmark											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 31 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-261-AC									
License # 000043870271 St NC DOB/Age 06/20/1990						Reg # KXX7663 Reg Type PAN Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2024 Veh Make SUBARU Veh Config. 1 21											
Operator VISPO, ARIEL RODRIGUEZ						Owner HERTZ LLC											
Last First Middle						Last First Middle											
Address 3900 CASS CT APT 2G						Address 823 WASHINGTON ST											
City RALEIGH State NC Zip 27613						City AUBURN State MA Zip											
Insurance Company						Vehicle Action Prior to Crash 4 22 Damaged Area Code: 0 27 27 27											
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 97 23 23 23 23 Test Status: 1 28											
Citation # (If Issued)						Most Harmful Event 97 24 Type of Test: 0 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 97 25 25 BAC Test Result: 1 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											
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						1 1 4 0 0 10 1											
Please Select One of the Following:		<input type="checkbox"/> Vehicle 4 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.									
License # St DOB/Age						Reg # Reg Type Reg State											
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21											
Operator						Owner											
Last First Middle						Last First Middle											
Address						Address											
City State Zip						City State Zip											
Insurance Company						Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27											
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23 Test Status: 28											
Citation # (If Issued)						Most Harmful Event 24 Type of Test: 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25 BAC Test Result: 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32											
Please fill out for operator and all occupants involved						Towed from scene? 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						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:

V2 was traveling west on Washington Street and came to a stop to let V3 pull out of Elm Street. When V3 pulled out on Washington Street, V1 who was traveling east on Washington Street, swerved to avoid a crash with V3 but crashed into V2. V3 did not crash and was untouched during the incident.

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

08/02/2024

Date