

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 08/07/2024		Time of Crash 1516 24HR		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:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction SOUTHBRIDGE ST Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of . or Mile Marker Exit Number											
Route# Direction WATERMAN RD Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with						Feet N S E W of											
Route# Direction Name of Intersecting Roadway/Street						Landmark											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-267-AC									
License # SA0480717 St MA DOB/Age 08/02/1976						Reg # 11VK50 Reg Type PC Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2016 Veh Make HONDA Veh Config. 1 21											
Operator ECHEVERRIA SANTOS, OMAR AMADO Last First Middle						Owner ECHEVERRIA SANTOS, OMAR AMADO Last First Middle											
Address 1 SUNSET ROCK RD						Address 1 SUNSET ROCK RD											
City WILBRAHAM State MA Zip 01095-1726						City WILBRAHAM State MA Zip 01095-1726											
Insurance Company ALLSTATE INSURANCE COMPAN						Vehicle Action Prior to Crash 6 22						Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: X S E 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						Driver Contributing Code 19 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					
Please fill out for operator and all occupants involved						Towed from scene? 1 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 2 0 0 10 1											
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 # SA6400151 St MA DOB/Age 02/12/1994						Reg # 2RJY73 Reg Type PC Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2020 Veh Make HYUNDAI Veh Config. 1 21											
Operator DATTA, LALIT SAGAR Last First Middle						Owner DATTA, LALIT SAGAR Last First Middle											
Address 119 PLEASANT ST						Address 119 PLEASANT ST											
City ASHLAND State MA Zip 01721-1173						City ASHLAND State MA Zip 01721-1173											
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 1 27 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						Towed from scene? 1 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 1 4 0 0 10 1											

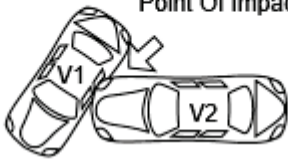
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Friendly's

Point Of Impact



If Crash Did Not Occur
on a Public Way:

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

Intersection Arrow



Southbridge Street



Crash Narrative:

V1 was attempting to enter Southbridge Street from the parking lot of Friendly's. V2 was travelling Northbound on Southbridge Street, when they crashed into the left side of V1.

At this time there were no reported injuries. Both vehicles were towed from the scene by Dorenzo's.

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 Jason P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/07/2024

Date