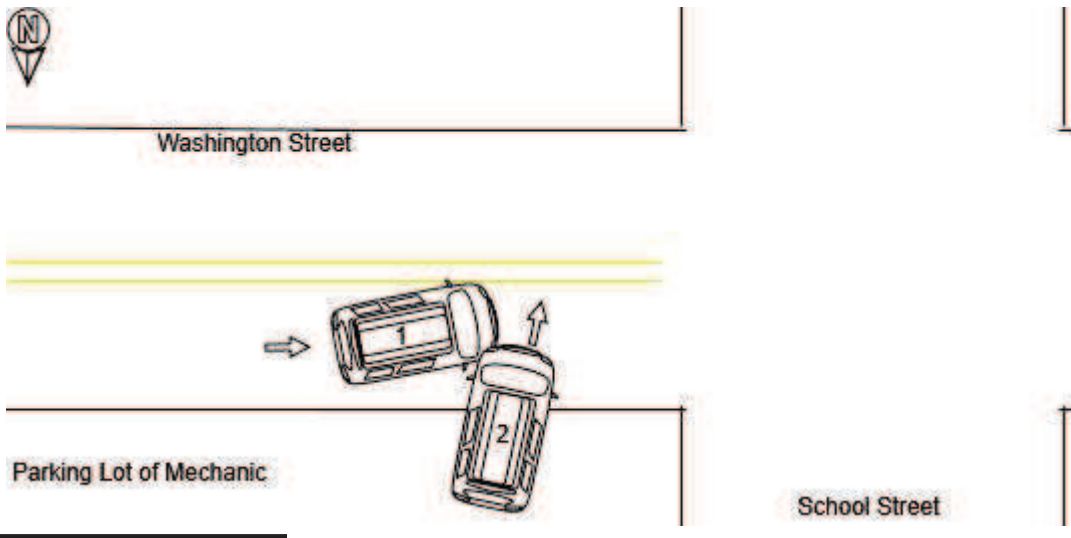


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 08/14/2024		Time of Crash 1702 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 2	Speed Limit 45		State Police Local Police MBTA Police Campus Police Other:		<input 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 At SCHOOL 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:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-277-AC									
License # S59236631 St MA DOB/Age 03/02/1980 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator SILVA-GUIMARAES, WILSON Address 20 HIGHLAND AVE City MILLBURY State MA Zip 01527-2106 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 6AMV29 Reg Type PAN Reg State MA Veh Year 2020 Veh Make JEEP Veh Config. 2 Owner SILVA-GUIMARAES, WILSON Address 20 HIGHLAND AVE City MILLBURY State MA Zip 01527-2106 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 2 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33											
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code Medical Facility											
Operator See Above						1 3 4 0 0 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 # SA5990112 St MA DOB/Age 10/18/2004 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator PERSIANI, CHLOE CADENCE Address 8 BENGTON LN City MILLBURY State MA Zip 01527-1955 Insurance Company LIBERTY MUTUAL FIRE INSUR Vehicle Travel Direction: N X E W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 3NNS57 Reg Type PAN Reg State MA Veh Year 2012 Veh Make HONDA Veh Config. 2 Owner PARDA-PERSIANI, SARAHBETH Address 8 BENGTON LN City MILLBURY State MA Zip 01527-1955 Vehicle Action Prior to Crash 6 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 4 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 8 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33											
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code Medical Facility											
Operator/Occupants See Above						1 1 1 0 0 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

I _____ Arrow
↓

Crash Narrative:

On August 14, 2024, I was dispatched to the intersection of School Street and Washington Street for a report of a two car motor vehicle crash. Upon my arrival I spoke with the operator of vehicle one. He stated that he was traveling westbound on Washington Street when the operator of vehicle two pulled out of the mechanic shop and drove into him. I went and spoke with the operator of vehicle two who stated the same thing, that she pulled out in front of vehicle one. Both vehicles were towed to Direnzos Towing and Recovery.

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/14/2024

Date