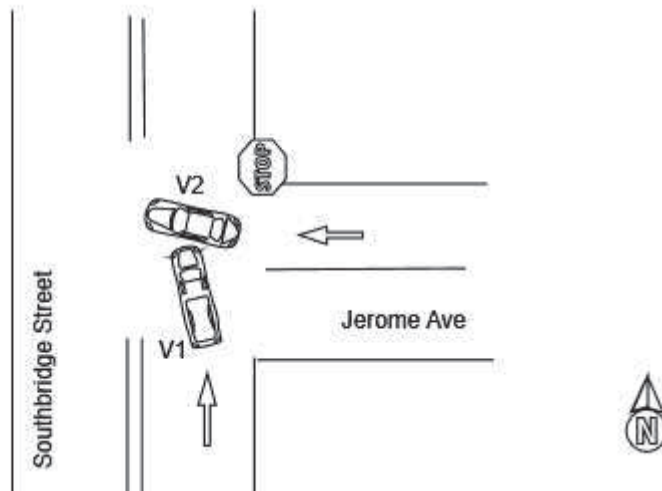


Police Use Only			Commonwealth of Massachusetts					RMV Document Number									
Date of Crash 08/16/2024		Time of Crash 1548 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
AT INTERSECTION:				< LOCATION >			NOT AT INTERSECTION:										
<div>1</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>							<div>2</div> <div>4 SOUTHBRIDGE ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>									<div>10</div>	
<div>2</div> <div>1</div>							<div>3</div> <div>11</div>										
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# 24-280-AC									
License # S43683983 St MA DOB/Age 06/07/1981							Reg # 6821KT Reg Type PC Reg State MA									<div>1</div> <div>12</div>	
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement							Veh Year 2015 Veh Make FORD Veh Config. 1 21									<div>1</div> <div>12</div>	
Operator RANO, NICHOLAS LEE Last First Middle							Owner RANO, NICHOLAS LEE Last First Middle									<div>1</div> <div>12</div>	
Address 12 BARBARA AVE							Address 12 BARBARA AVE									<div>1</div> <div>12</div>	
City MILLBURY State MA Zip 01527-4202							City MILLBURY State MA Zip 01527-4202									<div>1</div> <div>12</div>	
Insurance Company THE COMMERCE INSURANCE CO							Vehicle Action Prior to Crash 1 22									<div>1</div> <div>12</div>	
Vehicle Travel Direction: X S E W Responding to Emergency? 2							Event Sequence 1 23 23 23 23									<div>1</div> <div>12</div>	
Citation # (If Issued)							Most Harmful Event 1 24									<div>1</div> <div>12</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub							Driver Contributing Code 1 25 25									<div>1</div> <div>13</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub							Driver Distracted by 0 26 26									<div>1</div> <div>13</div>	
Please fill out for operator and all occupants involved							Please fill out for operator and all occupants involved									<div>1</div> <div>13</div>	
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 1 1 4 0 0 10 1									<div>1</div> <div>13</div>	
																<div>1</div> <div>13</div>	
																<div>1</div> <div>13</div>	
																<div>1</div> <div>13</div>	
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 # SA3630055 St MA DOB/Age 05/31/2003							Reg # 8TG558 Reg Type PC Reg State MA									<div>1</div> <div>14</div>	
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement							Veh Year 2018 Veh Make TOYOTA Veh Config. 1 21									<div>1</div> <div>14</div>	
Operator NGUYEN, DZU Last First Middle							Owner NGUYEN, PHUONGOANH H Last First Middle									<div>1</div> <div>14</div>	
Address 9 HAMPTON ST							Address 9 HAMPTON ST									<div>1</div> <div>14</div>	
City AUBURN State MA Zip 01501							City AUBURN State MA Zip 01501-2613									<div>1</div> <div>14</div>	
Insurance Company ARBELLA MUTUAL INSURANCE							Vehicle Action Prior to Crash 6 22									<div>1</div> <div>14</div>	
Vehicle Travel Direction: N S E X Responding to Emergency? 2							Event Sequence 1 23 23 23 23									<div>1</div> <div>14</div>	
Citation # (If Issued)							Most Harmful Event 1 24									<div>1</div> <div>14</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub							Driver Contributing Code 4 25 25									<div>1</div> <div>14</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub							Driver Distracted by 0 26 26									<div>1</div> <div>14</div>	
Please fill out for operator and all occupants involved							Please fill out for operator and all occupants involved									<div>1</div> <div>14</div>	
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 1 1 4 0 0 10 1									<div>1</div> <div>14</div>	
																<div>1</div> <div>14</div>	
																<div>1</div> <div>14</div>	
																<div>1</div> <div>14</div>	

→ = 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:

V1 was traveling north on Southbridge Street. V2 was stopped and pulling out onto Southbridge Street from Jerome Ave. Both vehicles collided. Several witness, surveillance video from a nearby ring cam, corroborate statements that both operators gave indicating that V2 pulled out into traffic and failed to yield to V1 which had the right of way. The operator of V1 stated that he tried to avoid the collision. The operator of V2 stated that he saw V1 but thought he had plenty of time to pull out into traffic.

### 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 Matthew Laskes

Police Officer Name (Please Print)

Signature

72ML

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/16/2024

Date