

Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 08/19/2024		Time of Crash 1655 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		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:											
<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>SWANSON RD</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>												<div>10</div>	
						<div>3</div>												<div>11</div>	
						<div>3</div>												<div>11</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# 24-287-AC											
License # SA6611708 St MA DOB/Age 08/11/1974						Reg # 3LFC18 Reg Type PC Reg State MA												<div>1</div> <div>12</div>	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2011 Veh Make MAZDA Veh Config. 1 21												<div>1</div> <div>12</div>	
Operator SILVA NEVES, JADES EURIPEDES						Owner DA SILVA NEVES, ADRIANA VERISSIMA												<div>1</div> <div>12</div>	
Address 25 AMES ST APT 3						Address 28 1ST ST												<div>1</div> <div>12</div>	
City WORCESTER State MA Zip 01610-3183						City WEBSTER State MA Zip 01570-3263												<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: N S X 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>12</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26												<div>1</div> <div>12</div>	
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												<div>1</div> <div>12</div>	
Operator						See Above												<div>1</div> <div>12</div>	
																		<div>1</div> <div>12</div>	
																		<div>1</div> <div>12</div>	
																		<div>1</div> <div>12</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 # S13261211 St MA DOB/Age 11/20/1992						Reg # 4KVV11 Reg Type PC Reg State MA												<div>1</div> <div>12</div>	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2023 Veh Make HYUNDAI Veh Config. 1 21												<div>1</div> <div>12</div>	
Operator GAGLIASTRE, BRENNAN JOSEPH						Owner GAGLIASTRE, BRENNAN JOSEPH												<div>1</div> <div>12</div>	
Address 16 BROOKLINE ST APT 1						Address 16 BROOKLINE ST APT 1												<div>1</div> <div>12</div>	
City WEBSTER State MA Zip 01570-3184						City WEBSTER State MA Zip 01570-3184												<div>1</div> <div>12</div>	
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 6 22												<div>1</div> <div>12</div>	
Vehicle Travel Direction: N S X 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 18 25 25												<div>1</div> <div>12</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26												<div>1</div> <div>12</div>	
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												<div>1</div> <div>12</div>	
Operator/Occupants						See Above												<div>1</div> <div>12</div>	
																		<div>1</div> <div>12</div>	
																		<div>1</div> <div>12</div>	
																		<div>1</div> <div>12</div>	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Swanson Road

I-290 Off Ramp

V2

V1

North Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

↓

Crash Narrative:

V1 was traveling south on Swanson Road. V2 got off of Interstate 290 westbound and came to a stop at the entrance of Swanson Road. V2 attempted to enter Swanson Road when it crashed into the rear passenger side of V1. Both vehicles were deemed operable.

"Motorola Watchguard camera footage is available from members of the Auburn Police Department who were involved in this call. Interviews and interactions that were preserved in other formats may be summarized in this report and should be reviewed independently for complete details. This report does not include a complete verbatim transcription of information discussed. It contains the pertinent portions relevant to this investigation, which may not be in the exact order of the event."

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

08/19/2024

Date