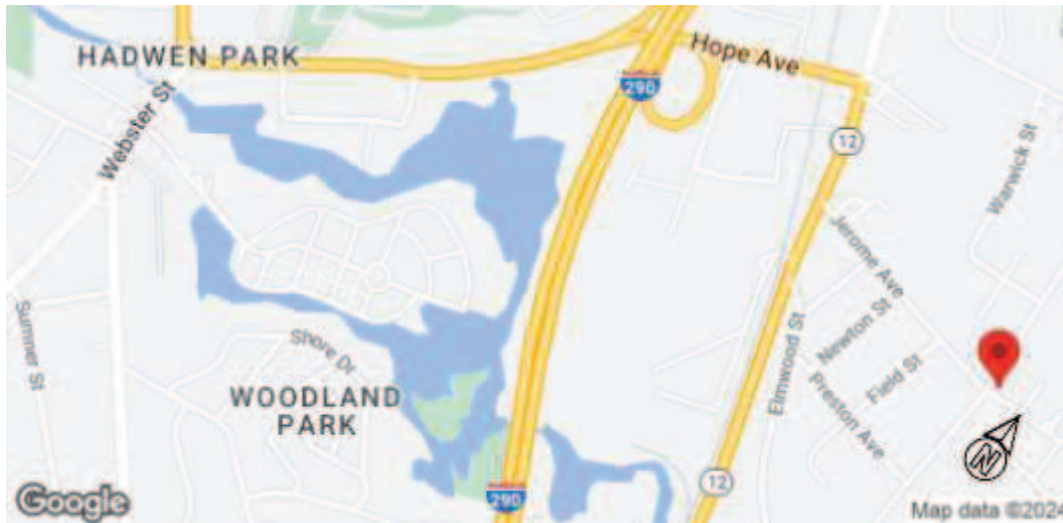


Police Use Only			Commonwealth of Massachusetts					RMV Document Number										
Date of Crash 08/26/2024		Time of Crash 0958 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2		Number Injured 2		Speed Limit 30 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:										
JEROME AVE																		
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												
HAMPTON ST																		
Route# Direction 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# 24-294-AC										
License # S43187686 St MA DOB/Age 08/04/1995						Reg # V97173 Reg Type CON Reg State MA												
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2020 Veh Make FORD Veh Config. 1 21												
Operator LAPINE, KYLE BRUCE						Owner ARI FLEET LT												
Address 120 GRAFTON ST						Address 4001 LEADENHALL RD												
City MILLBURY State MA Zip 01527-3910						City MOUNT LAUREL State NJ Zip 08054-4611												
Insurance Company ZURICH AMERICAN INSURANCE						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 1 27 8 27												
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 28												
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29												
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25 BAC Test Result: 30												
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26 Susp. Alcohol: 31 Susp. Drug: 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 1 0 0 10												
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.										
License # S49247710 St MA DOB/Age 05/25/1979						Reg # 5EZ19 Reg Type PAN Reg State MA												
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2022 Veh Make DODGE Veh Config. 1 21												
Operator DELGADO RENTAS, RICARDO						Owner DELGADO RENTAS, RICARDO												
Address 199 EVERETT ST APT 3						Address 199 EVERETT ST APT 3												
City SOUTHBRIDGE State MA Zip 01550-2684						City SOUTHBRIDGE State MA Zip 01550-2684												
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 1 27 2 27												
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 28												
Citation # (If Issued) 867866AC						Most Harmful Event 1 24 Type of Test: 29												
Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub						Driver Contributing Code 3 25 25 BAC Test Result: 30												
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26 Susp. Alcohol: 31 Susp. Drug: 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/Occupants See Above						1 1 1 0 0												
CARMEN COTTO 199 EVERETT ST SOUTHBRIDGE, MA 01550-2684						10/24/1978 F 3 1 1 0 0												

➔ = 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

Indicate Arrow



### Crash Narrative:

MV#1 WAS TRAVELLING EAST ON JEROME AVE. APPROACHING HAMPTON STREET INTERSECTION. MV#2 WAS TRAVELLING NORTH ON HAMPTON STREET IN THE AREA OF THE JEROME INTERSECTION. MV#2 FAILED TO STOP AT THE STOP SIGN WHICH IS LOCATED ON THE NORTHBOUND CORNER OF HAMPTON STREET. MV#1 IMPACTED MV#2 IN THE DRIVER'S SIDE REAR QUARTER. MV#2 ROTATED COUNTER-CLOCKWISE BEFORE TRAVELLING OFF THE ROADWAY AND ONTO THE NORTHBOUND SHOULDER IN A REVERSE DIRECTION IMPACTING A WOODEN FENCE. MV#2 CONTINUED ACROSS HAMPTON STREET AND ONTO THE SOUTHBOUND SHOULDER FOR SOME DISTANCE IN A REVERSE DIRECTION BEFORE CRASHING THROUGH A CHAIN LINK FENCE AND ONTO A RETAINING WALL. [REDACTED] FOR MORE DETAILS REFER TO THE CRASH RECONSTRUCTION REPORT.

### 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 Miglionico

Police Officer Name (Please Print)

Signature

52JM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/26/2024

Date