

Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 08/28/2024		Time of Crash 1310 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:										
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
<div>11</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>210</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>																	
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# 24-299-AC															
License # S30465925 St MA DOB/Age 05/22/1987						Reg # 7PBF70 Reg Type PC Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2012 Veh Make VOLVO Veh Config. 1 21																	
Operator GARCIA, ASHLEY NICOLE Last First Middle						Owner GARCIA, SANTOS LUIS Last First Middle																	
Address 4 HOMESTEAD AVE						Address 4 HOMESTEAD AVE																	
City AUBURN State MA Zip 01501-1639						City AUBURN State MA Zip 01501-1639																	
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 2 22																	
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 1 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26																	
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																	
Operator		See Above		DOB/Age		Sex		1		1		4		0		0		10		1		Medical Facility	
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 # S60179125 St MA DOB/Age 06/03/1961						Reg # PWRW Reg Type PC Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2012 Veh Make NISSAN Veh Config. 1 21																	
Operator WHITCOMB, SHARON CATHERINE Last First Middle						Owner WHITE, RICHARD HOWARD Last First Middle																	
Address 63 WALNUT ST						Address 100 PROSPECT ST																	
City NORTH BROOKFIELD State MA Zip 01535-1813						City E BROOKFIELD State MA Zip 01515-1506																	
Insurance Company GEICO GENERAL INSURANCE C						Vehicle Action Prior to Crash 1 22																	
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 1 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 5 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26																	
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																	
Operator/Occupants		See Above		DOB/Age		Sex		1		1		4		0		0		10		1		Medical Facility	

