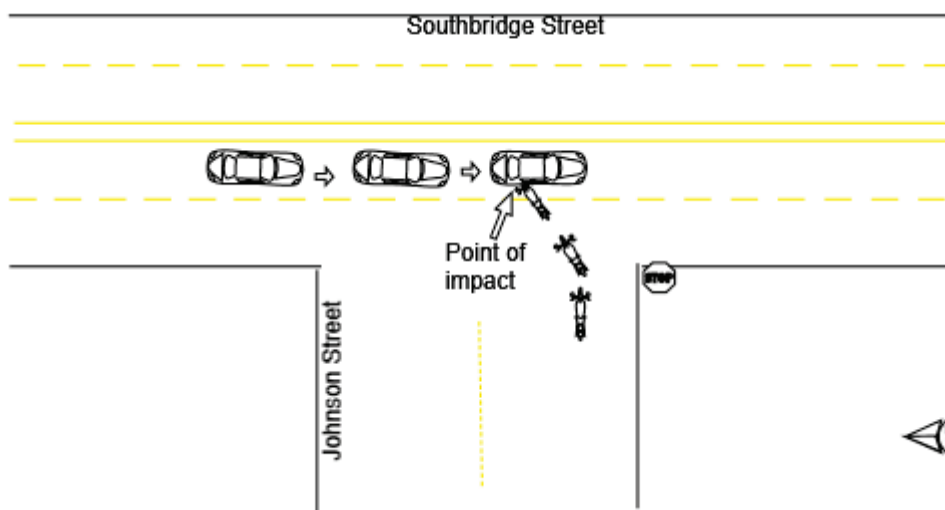


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 08/31/2024		Time of Crash 1243 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
SOUTHBRIDGE ST																							
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																	
At																							
JOHNSON ST																							
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of or Mile Marker Exit Number																	
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street																	
Route# Direction Name of 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# 24-303-AC															
License # S39936028 St MA DOB/Age 02/23/1984						Reg # 2N3926 Reg Type MCN Reg State MA																	
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2023 Veh Make HARLEY-DAVIDSON Veh Config. 3																	
Operator PRUITT, BRANDON JOHN-ANTHONY						Owner PRUITT, BRANDON JOHN-ANTHONY																	
Address 170 HAMPTON ST						Address 170 HAMPTON ST																	
City AUBURN State MA Zip 01501-2522						City AUBURN State MA Zip 01501-2522																	
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 4																	
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 1																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 18 25 19 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																							
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		X		1		5		5		0		0		10		1			
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 24 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.															
License # SA2580357 St MA DOB/Age 01/02/1994						Reg # 1FHH89 Reg Type PAN Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2018 Veh Make HONDA Veh Config. 1																	
Operator NOLETO, MILTON JUNIO PASSOS						Owner MARTINS JUNIOR, JOHN LENON																	
Address 14 JOANNE DR ASHLAND BLDG AP APT 03						Address 147 DESIMONE DR																	
City ASHLAND State MA Zip 01721-0000						City MARLBOROUGH State MA Zip 01752-3142																	
Insurance Company GEICO GENERAL INSURANCE C						Vehicle Action Prior to Crash 1																	
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																	
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																							
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		X		1		1		4		0		0		10		1			
JOHN MARTINS JUNIOR		147 DESIMONE DR MARLBOROUGH, MA 01752-3142		03/16/1993		M		6		1		4		0		0		10		1			
MAYKON CORDEIROBASILIO		116 PARK ST STOUGHTON, MA 02072-2925		02/03/1992		M		4		1		4		0		0		10		1			
SUELEN ALMEIDA		79 EASTERN AVE WORCESTER, MA 01605-3479		01/19/1992		F		1		1		4		0		0		10		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

← Arrow

Crash Narrative:

The motorcycle was turning left from Johnson Street onto Southbridge Street in heavy traffic. The traffic in the closest lane had stopped and the motorcycle operator began to pull out. The traffic being so heavy the operator couldnt see the furthest lane that he was turning into. The vehicle did not see the motorcycle or did not know that traffic was stopping for the motorcycle to pull out. This is when the vehicles collided. No apparent injuries. The motor cycle was towed by personal towing option (AAA).

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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/31/2024

Date