

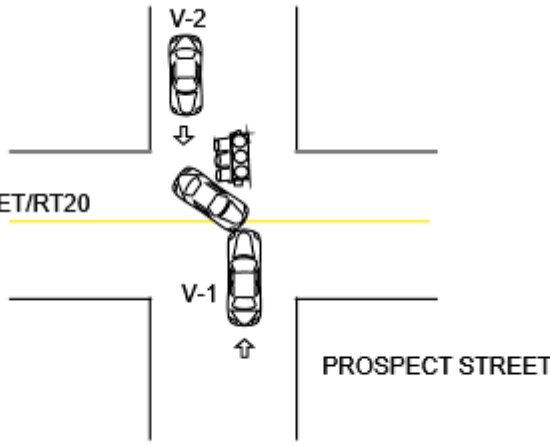
Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 09/10/2024		Time of Crash 0935 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
PROSPECT ST																
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street										
At																
WASHINGTON ST																
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of . or 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# 24-311-AC								
License # S23712423 St MA DOB/Age 06/06/1976						Reg # 3TEN64 Reg Type PC Reg State MA										
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2004 Veh Make HONDA Veh Config. 1 21										
Operator RIVERA MARTINEZ, ZULMA IVELISSE						Owner RIVERA MARTINEZ, ZULMA IVELISSE										
Address 35 LAFAYETTE ST APT 2						Address 35 LAFAYETTE ST APT 2										
City WORCESTER State MA Zip 01608-2169						City WORCESTER State MA Zip 01608-2169										
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 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)						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 0 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 99 4 0 0 10 1										
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 # 10274661870 St MD DOB/Age 07/07/1989						Reg # 6GA9259 Reg Type PC Reg State MD										
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2009 Veh Make TOYOTA Veh Config. 1 21										
Operator PARVEZ, SHAHID						Owner PARVEZ, SHAHID										
Address 103 SOUTHAMPTON DR APT C						Address 103 SOUTHAMPTON DR APT C										
City SILVER SPRINGS State MD Zip 20903						City SILVER SPRINGS State MD Zip 20903										
Insurance Company PROGRESSIVE						Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27										
Vehicle Travel Direction: N X E 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 4 25 25 BAC Test Result: 30										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 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 99 4 0 0 10 1										

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

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

WASHINGTON STREET/RT20



### If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Intersection Arrow



### Crash Narrative:

Vehicle 1 (Honda), was travelling north on Prospect Street. The traffic light had turned green and the vehicle was crossing over Washington Street/RT20. Vehicle 2 (Toyota), was travelling south on Prospect Street and attempted to turn left onto Washington Street/RT20. The two vehicles collided in the intersection. Vehicle 1 sustained damage to its front end, hood, and was leaking fluids. Vehicle 2 sustained damage to its front end. Both vehicles were inventoried and towed from the scene. There were no injuries reported.

### 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 John P MacLean

Police Officer Name (Please Print)

Signature

65JM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/10/2024

Date