

Date of Crash **02/02/2024** Time of Crash **1637** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**WASHINGTON ST**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_  
**SOUTH ST**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
Also at Intersection with \_\_\_\_\_  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **24-65-AC**

License # **SA1800626** St **MA** DOB/Age **07/15/2004** Reg # **NI5400** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2023** Veh Make **JEEP** Veh Config. **1**  
Operator **GIORGIO, ASHLEY MARIE** Owner **GIORGIO, PAUL FRANK**  
Address **17 DAVIS RD** Address **17 DAVIS RD**  
City **MILLBURY** State **MA** Zip **01527-1000** City **MILLBURY** State **MA** Zip **01527-1000**  
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **3** Damaged Area Code: **6**  
Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **1** Test Status: **1**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** Type of Test: **1**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** BAC Test Result: **1**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**  
Towed from scene? **2**

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
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

Please Select One of the Following:  Vehicle **2** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

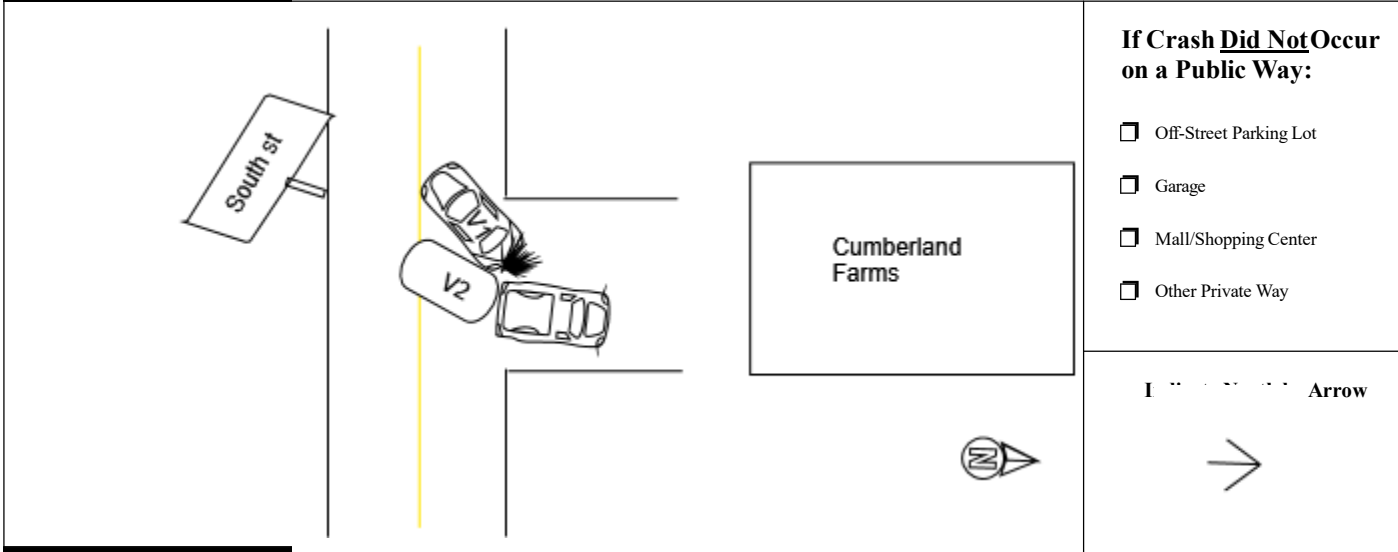
License # **S46943105** St **MA** DOB/Age **04/23/1964** Reg # **TZ52593** Reg Type **TRN** Reg State **MA**  
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2018** Veh Make **Utility Trailer** Veh Config. **1**  
Operator **RODRIGUEZ, ANGEL M** Owner **RODRIGUEZ, ANGEL M**  
Address **72 W MAIN ST** Address **72 W MAIN ST**  
City **WARE** State **MA** Zip **01082** City **WARE** State **MA** Zip **01082**  
Insurance Company **TRAVELERS INSURANCE** Vehicle Action Prior to Crash **4** Damaged Area Code: **7**  
Vehicle Travel Direction:  N  E  W Responding to Emergency? **2** Event Sequence **1** Test Status: **1**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** Type of Test: **1**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** BAC Test Result: **1**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**  
Towed from scene? **2**

Please fill out for operator/non-motorist 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
<b>Operator/Non-Motorist</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

→ = 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

Illustration of Arrow



**Crash Narrative:**

On 02/02/2024, The Auburn Police Department responded to Cumberland Farms (502 Washington St) for the report of a motor vehicle accident. Upon arrival I spoke with the Operator of Vehicle: 1 (V1) whom stated she was taking a right-hand turn out of the parking lot of Cumberland Farms onto South Street. While pulling onto South St the left-rear of her vehicle was struck by V2.

After receiving video footage from Cumberland Farms I was able to locate the vehicle/operator associated with striking V1. I spoke with the Operator of Vehicle: 2 (V2) whom stated they were unaware that they struck V1 but recalls driving through the parking lot on 02/02/2024.

**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 Jordan D Ryan

Police Officer Name (Please Print)

Signature

90JR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/23/2024

Date