

# Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash <b>03/08/2024</b>	Time of Crash <b>1907</b> 24HR	City/Town <b>Auburn</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles <b>2</b>	Number Injured <b>0</b>	Speed Limit <b>30</b>	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
				Latitude _____	Longitude _____						

**AT INTERSECTION:** < **LOCATION** > **NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street <b>MILLBURY ST</b>		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____		
			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____		

Please Select One of the Following:  Vehicle **12** #Occupants  Hit/Run  Moped **Crash Report ID# 24-80-AC**

License # <b>S43553380</b> St <b>MA</b> DOB/Age <b>08/20/1986</b>	Reg # <b>3CPC31</b> Reg Type <b>PAN</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <b>20</b> CDL _____ Endorsement _____	Veh Year <b>2020</b> Veh Make <b>JEEP</b> Veh Config. <b>1</b> <input type="checkbox"/> 21
Operator <b>URQUILLA, ALICIA G</b> Last First Middle	Owner <b>URQUILLA, ALICIA G</b> Last First Middle
Address <b>68 WALLACE AVE</b>	Address <b>68 WALLACE AVE</b>
City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-1136</b>	City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-1136</b>
Insurance Company <b>GOVERNMENT EMPLOYEES INSU</b>	Vehicle Action Prior to Crash <b>2</b> <input type="checkbox"/> 22
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Damaged Area Code: <b>4</b> <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) _____	Event Sequence <b>1</b> <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <b>1</b> <input type="checkbox"/> 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <input type="checkbox"/> 25 <input type="checkbox"/> 25
	Driver Distracted by <b>0</b> <input type="checkbox"/> 26
	Towed from scene? <b>2</b> <input type="checkbox"/> 33

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>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>ALEJANDRO MEJIA</b>	***UNKNOWN*** AUBURN, MA 01501	01/15/1996	M	3	1	4	0	0	10	1	

Please Select One of the Following:  Vehicle **22** #Occupants  Non-Motorist A Type  15 Action  16 Location  17 Condition  18  Hit/Run  Moped

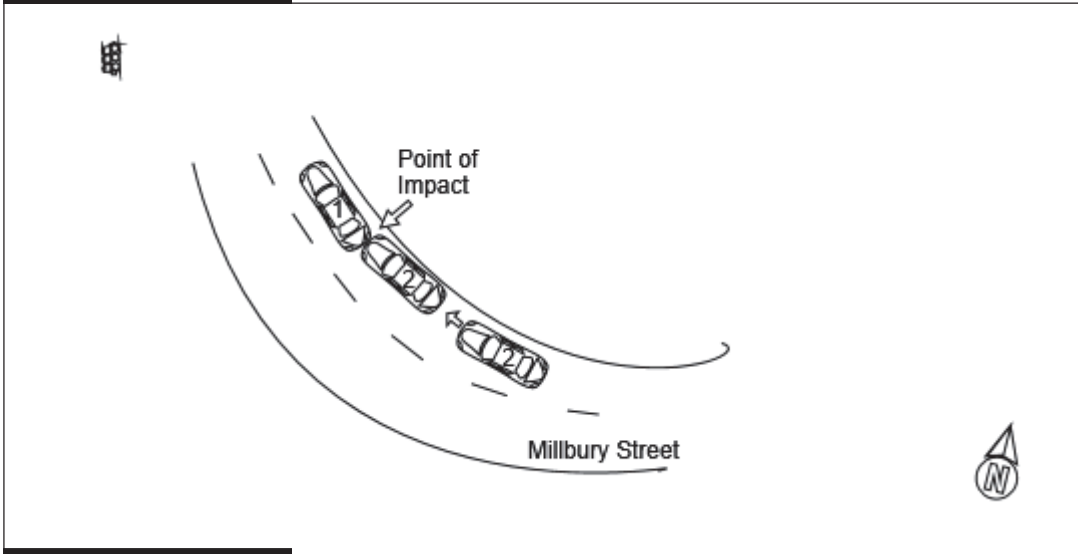
License # <b>S78832264</b> St <b>MA</b> DOB/Age <b>05/10/1983</b>	Reg # <b>4VDP59</b> Reg Type <b>PAN</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D</b> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <b>20</b> CDL _____ Endorsement _____	Veh Year <b>2022</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> <input type="checkbox"/> 21
Operator <b>VIERA MARTINEZ, EMMANUEL DEJESUS</b> Last First Middle	Owner <b>VIERA MARTINEZ, EMMANUEL DEJESUS</b> Last First Middle
Address <b>3 S EDLIN ST</b>	Address <b>3 S EDLIN ST</b>
City <b>WORCESTER</b> State <b>MA</b> Zip <b>01603-1908</b>	City <b>WORCESTER</b> State <b>MA</b> Zip <b>01603-1908</b>
Insurance Company <b>PROGRESSIVE DIRECT INSURA</b>	Vehicle Action Prior to Crash <b>1</b> <input type="checkbox"/> 22
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Damaged Area Code: <b>1</b> <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) _____	Event Sequence <b>1</b> <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <b>1</b> <input type="checkbox"/> 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>19</b> <input type="checkbox"/> 25 <b>99</b> <input type="checkbox"/> 25
	Driver Distracted by <b>99</b> <input type="checkbox"/> 26
	Towed from scene? <b>2</b> <input type="checkbox"/> 33

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>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>SANTOS BENITEZ</b>	443 MERIDIAN ST EAST BOSTON, MA 02128-1360	07/19/1973	M	3	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:**

Vehicle 1 was stopped due to traffic in front stopped at a read light. Vehicle 2 was traveling behind on Millbury Street (public way). Vehicle 2 did no come to a complete stop and ran into vehicle 1 in front of them. No apparent injuries. No vehicles towed.

**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

**03/08/2024**

Date