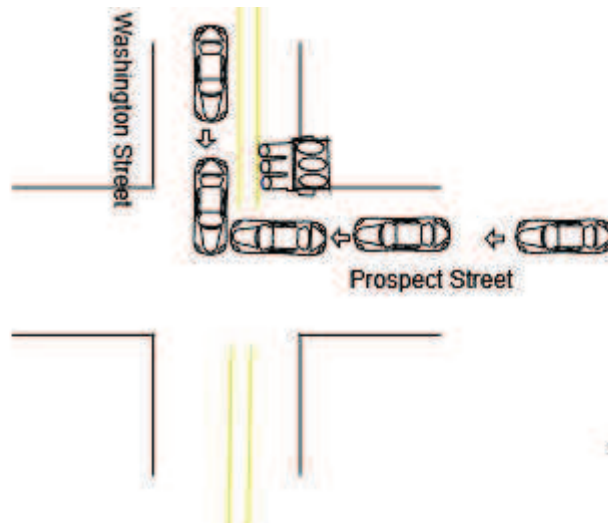


Police Use Only			Commonwealth of Massachusetts						RMV Document Number														
Date of Crash 10/20/2024		Time of Crash 0508 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2		Number Injured 2		Speed Limit 40 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:								
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
WASHINGTON ST Route# Direction Name of Roadway/Street At PROSPECT ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# 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# 24-371-AC															
License # 9371375163 St IN DOB/Age 06/15/1998 Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator NICOLAS, SORAYA TRACY Address 4210 KUDER LN City WARSAW State IN Zip 465826437 Insurance Company AMERICAN FAMILY Vehicle Travel Direction: X S E W Responding to Emergency? 2 Citation # (If Issued) 962106AC Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub 90 10 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # CPX709 Reg Type PAN Reg State IN Veh Year 2012 Veh Make CHEVROLET Veh Config. 1 Owner NICOLAS, SORAYA TRACY Address 4210 KUDER LN City WARSAW State IN Zip 465826437 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 3 25 25 Driver Distracted by 4 26 26 Damaged Area Code: 1 27 5 27 8 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 1 33																	
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		99		3		0		0		■		■		■■■■■	
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 # St MA DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company ALLSTATE INSURANCE COMPAN Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) 958880AC Viol. 1: Ch/Sec/Sub 90 10 Viol. 2: Ch/Sec/Sub 266 28F Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 55ZT12 Reg Type PC Reg State MA Veh Year 2009 Veh Make HYUNDAI Veh Config. 1 Owner RIVERA CARABALLO, JULIO JR Address 10 ASH ST City SOUTHBRIDGE State MA Zip 01550-1702 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 99 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 11 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 1 33																	
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		99		3		0		0		■		■		■■■■■	

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

### Crash Diagram:



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

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

North Arrow



### Crash Narrative:

V1 was traveling southbound on Prospect Street, approaching the intersection of Washington Street. V2 was traveling westbound on Washington Street, approaching the intersection of Prospect Street. The operator of V1 admitted to paying attention to her GPS and was unsure if her light was red, she stated she "turned right onto Washington Street" and struck V2. V2 stated that he had a green light and V1 did not turn right onto Washington Street but rather went straight through the light. The damage at the accident was consistent with V1 going straight through the light. The operator of V2 was certain he had a green light.

The operator of V1 was operating out an out of state learners permit and was cited as such. The operator of V2 was unlicensed and operating a stolen motor vehicle and was arrested and cited as such.

### 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

Sergeant Michael Tarckini

Police Officer Name (Please Print)

Signature

85MT

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/20/2024

Date