

Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 11/04/2024		Time of Crash 1701 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:															
AUBURN ST																							
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																	
At																							
SOUTHBRIDGE ST						Feet N S E W of or Mile Marker Exit Number																	
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street																	
Also at Intersection with																							
Route# Direction Name of Intersecting Roadway/Street						Landmark																	
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-393-AC															
License # St. DOB/Age						Reg # 5PTX28 Reg Type PAN Reg State MA																	
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2006 Veh Make TOYOTA Veh Config. 1																	
Operator Last First Middle						Owner HILDITCH, JOEL FRANCIS Last First Middle																	
Address						Address 16 RICE RD																	
City State Zip						City AUBURN State MA Zip 01501-4406																	
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash 2 Damaged Area Code: 5 27 27 27																	
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28																	
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 30																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32																	
Driver Distracted by 0 26 26						Towed from scene? 2 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		4		0		0		10		1			
				F		3		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 # 217755767 St. CT DOB/Age 09/26/1984						Reg # BR77564 Reg Type PAN Reg State CT																	
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement						Veh Year 2007 Veh Make TOYOTA Veh Config. 1																	
Operator RIVERA, EZEQUIEL Last First Middle						Owner RIVERA, EZEQUIEL Last First Middle																	
Address 1047 TOWNSEND AVE						Address 1047 TOWNSEND AVE																	
City NEW HAVEN State CT Zip 06512						City NEW HAVEN State CT Zip 06512																	
Insurance Company UNKNOWN						Vehicle Action Prior to Crash 1 Damaged Area Code: 1 27 27 27																	
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28																	
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 0 29																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 30																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 99 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32																	
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Operator/Occupants		See Above		X		X		1		99		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



Southbridge Street



Auburn Street



### Crash Narrative:

Operator of vehicle one states she was slowed/stopped in traffic when she was rear ended by vehicle two. She stated that she exited her vehicle and took a quick photo of the other vehicles license plate, signaling the other operator to pull into the lot ahead. Operator of vehicle two left the area. Vehicle one sustained maintained minor damage. No injuries were reported. Please also see 24-1471-OF as this was a hit and run accident.

### 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

Lieutenant Stephanie L Hayward

Police Officer Name (Please Print)

Signature

68SS

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/04/2024

Date