

Police Use Only		Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 11/06/2024	Time of Crash 0919 24HR	City/Town Auburn		Motor Vehicle Crash Police Report						Number Vehicles 1	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
Route# Direction SOUTH ST						Route# Direction Address # Name of Roadway/Street									
At						Feet N S E W of . or Exit Number									
Route# Direction POTTER FARM RD						Feet N S E W of Route# Intersecting Roadway/Street									
Name of Intersecting Roadway/Street						Landmark									
Also at Intersection with															
Route# Direction Name of Intersecting Roadway/Street															
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# 24-394-AC							
License # S90505044 St MA DOB/Age 08/04/1961						Reg # 877RB8 Reg Type PAN Reg State MA									
Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2015 Veh Make TOYOTA Veh Config. 2 21									
Operator GIL, MARGARITA						Owner GIL, MARGARITA									
Address PO BOX 805						Address PO BOX 805									
City CHARTLON CITY State MA Zip 01508						City CHARTLON CITY State MA Zip 01508									
Insurance Company PROGRESSIVE DIRECT						Vehicle Action Prior to Crash 3 22									
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 35 23 23 23 23									
Citation # (If Issued)						Most Harmful Event 35 24									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26									
Please fill out for operator and all occupants involved						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															
WILLIAM RIVERA DE CASTRO 530 WORCESTER ST SOUTHBRIDGE, MA 01550-1330						09/01/1982 M 3 1 4 0 0 10 1									
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.							
License # St DOB/Age						Reg # Reg Type Reg State									
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21									
Operator						Owner									
Address						Address									
City State Zip						City State Zip									
Insurance Company						Vehicle Action Prior to Crash 22									
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23									
Citation # (If Issued)						Most Harmful Event 24									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26									
Please fill out for operator and all occupants involved						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															

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

SOUTH
ST



STONE WALL

POTTER
FARM RD



If Crash Did Not Occur on a Public Way:

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

Indicate Direction of Travel Arrow



Crash Narrative:

Vehicle 1 turned onto Potter Farm Rd. Vehicle 1 ran up the stone wall and got trapped on top of the stone wall. The passenger self extricated while the operator was trapped due to unsteadiness and height of the vehicle. Both parties examined by EMS with no transport.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF AUBURN	CENTRAL ST AUBURN MA 01501			STONE WALL

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 Dominick Boschetto

Police Officer Name (Please Print)

Signature

91DB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/06/2024

Date