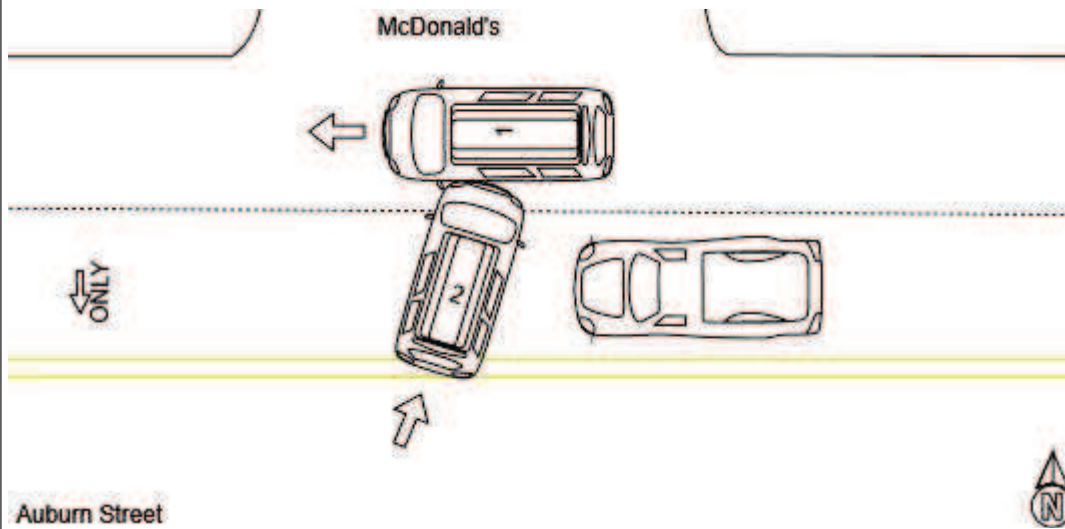


Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 03/20/2025		Time of Crash 0712 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:										
AT INTERSECTION:				< LOCATION >			NOT AT INTERSECTION:																
<div>1</div> <div>1</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>2</div> <div>10</div> <div>72 AUBURN ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or</div> <div>Mile Marker Exit Number</div> <div>3</div> <div>11</div> <div>0 Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>MCDONALD'S PARKING LOT</div> <div>Landmark</div>																	
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# 25-107-AC															
License # S26270161 St MA DOB/Age 04/17/1990						Reg # 2YCY53 Reg Type PAN Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2022 Veh Make TOYOTA Veh Config. 2 21																	
Operator VENTURA, MARIA Y						Owner VENTURA, MARIA Y																	
Address 9 ABINGTON ST APT 2						Address 9 ABINGTON ST APT 2																	
City WORCESTER State MA Zip 01603-1101						City WORCESTER State MA Zip 01603-1101																	
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 1 22																	
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 1 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26																	
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40																	
Name (Last First Middle)		Address		DOB/Age		Sex		Seat Pos.		Safety System		Airbag Status		Eject Code		Trap Code		Injury Status		Transp. Code		Medical Facility	
Operator		See Above		X		X		1		1		4		0		0		8		2		X	
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 # S28511644 St MA DOB/Age 11/02/1974						Reg # 3SM344 Reg Type PAN Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2015 Veh Make TOYOTA Veh Config. 2 21																	
Operator NEGRON-MORALES, ADALIZ						Owner NEGRON-MORALES, ADALIZ																	
Address 78 OREAD ST APT 2						Address 78 OREAD ST APT 2																	
City WORCESTER State MA Zip 01608-2220						City WORCESTER State MA Zip 01608-2220																	
Insurance Company GEICO GENERAL INSURANCE C						Vehicle Action Prior to Crash 4 22																	
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 1 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 4 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						34 35 36 37 38 39 40																	
Name (Last First Middle)		Address		DOB/Age		Sex		Seat Pos.		Safety System		Airbag Status		Eject Code		Trap Code		Injury Status		Transp. Code		Medical Facility	
Operator/Occupants		See Above		X		X		1		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

I \_\_\_\_\_ Arrow



Auburn Street

### Crash Narrative:

On March 20, 2025, I, Officer Dominic Walker was dispatched to the area of Auburn Street, in front of McDonald's for a report of a two car motor vehicle accident. Upon my arrival, I observed vehicle 1 resting against a telephone pole and the I-290 sign was upended, resting on the telephone pole guide wire. I spoke with witnesses on scene who stated that vehicle 1 was traveling west on Auburn Street. While the truck was stopped in the turn lane, vehicle 2 attempted to turn into the McDonald's parking lot, not seeing vehicle 1. Vehicle 2 subsequently struck the driver side of vehicle 1.

### 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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

03/20/2025

Date