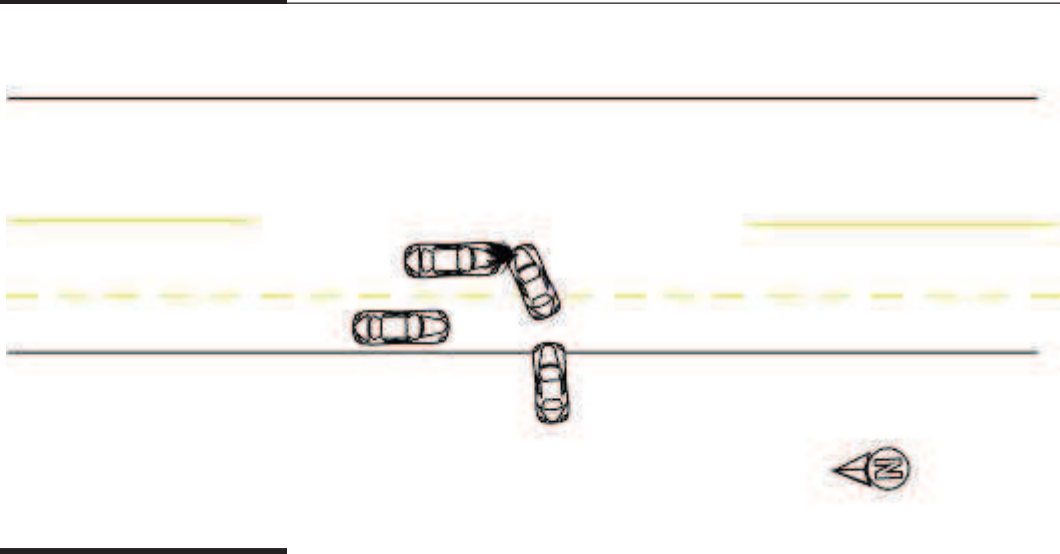


Police Use Only			Commonwealth of Massachusetts					RMV Document Number						
Date of Crash 09/24/2024		Time of Crash 1411 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								
<div>11</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>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N X E W of Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of 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# 24-333-AC						
License # S83522781 St MA DOB/Age 10/18/1988						Reg # 43NT85 Reg Type PC Reg State MA								
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2018 Veh Make HYUNDAI Veh Config. 1 21								
Operator ANTUNES, CARLOS ALVES						Owner ANTUNES, CARLOS ALVES								
Address 14 DENNY PL						Address 14 DENNY PL								
City ROCHDALE State MA Zip 01542-1134						City ROCHDALE State MA Zip 01542-1134								
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N X 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 1 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 0 26								
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Safety Airbag Eject Trap Injury Transp. Pos. System Status Code Code Status Code								
Name (Last First Middle)		Address		DOB/Age		Sex		Medical Facility						
Operator		See Above		X		X		1 0 4 0 0 1 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 # S52330464 St MA DOB/Age 09/15/1974						Reg # 65GF05 Reg Type PC Reg State MA								
Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2012 Veh Make CHEVROLET Veh Config. 1 21								
Operator CONNERY, NEILE LYNN						Owner CONNERY, JAMES FRANCIS III								
Address 524 STAFFORD ST						Address 524 STAFFORD ST								
City CHERRY VALLEY State MA Zip 01611						City CHERRY VALLEY State MA Zip 01611-3306								
Insurance Company THE HANOVER INSURANCE COM						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 18 25 4 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 0 26								
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Safety Airbag Eject Trap Injury Transp. Pos. System Status Code Code Status Code								
Name (Last First Middle)		Address		DOB/Age		Sex		Medical Facility						
Operator/Occupants		See Above		X		X		1 1 4 0 0 10 2						

→ = 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

Insert Arrow



Crash Narrative:

MV#1 traveling straight ahead. MV#2 attempting to make left turn out of parking lot. MV#1

went to make left turn, a MV had stopped to let MV# 1 out, across two lanes of traffic.

Both MV's towed, possible injuries to both operators.

Operator of MV # 1 states she did not see MV # 2 and the crash was her fault.

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 John E McLaughlin

Police Officer Name (Please Print)

Signature

94JM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/26/2024

Date