

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 11/21/2024		Time of Crash 1226 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:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
<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>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or 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# 24-414-AC									
License # S87835688 St MA DOB/Age 03/18/1983						Reg # 1RBX16 Reg Type PC Reg State MA											
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2020 Veh Make SUBARU Veh Config. 1 21											
Operator MARU, MIHOKO						Owner MARU, MIHOKO											
Address 109 ROCKVIEW ST APT 3						Address 109 ROCKVIEW ST APT 3											
City BOSTON State MA Zip 02130						City BOSTON State MA Zip 02130											
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 10 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 4 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						Towed from scene? 2 33											
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						1 1 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 # S95317107 St MA DOB/Age 05/01/1982						Reg # X47894 Reg Type PC Reg State MA											
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2022 Veh Make CHEVROLET Veh Config. 13 21											
Operator PEREZ, ADONNY E						Owner FERNANDEZ, RAFAEL DE LA CRUZ											
Address 21 HILLSIDE ST APT 1						Address 23 COUNTY ST											
City WORCESTER State MA Zip 01610-2199						City WORCESTER State MA Zip 01604-2403											
Insurance Company PILGRIM INSURANCE COMPANY						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						Towed from scene? 2 33											
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						1 1 4 0 0 10 1											

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

La Quinta Hotel



Southbridge Street

If Crash Did Not Occur on a Public Way:

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

Indicate Direction of Travel with Arrow



Crash Narrative:

On 11/21/24, Vehicle #1 was backing out of a parking space in the La Quinta parking lot. Vehicle #1 did not see Vehicle #2 approaching and struck the side of Vehicle #2 (minor damage). Vehicle #1 had significant right rear damage. No injuries reported.

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 Gregg T Wildman

Police Officer Name (Please Print)

Signature

70GW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/21/2024

Date