

Date of Crash 04/10/2025 Time of Crash 1531 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 20 State Police Local Police MBTA Police Campus Police Other: []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

Please Select One of the Following: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped Crash Report ID# 25-126-AC

License # unknown St. DOB/Age 10/05/1997 Reg # 6HFN61 Reg Type PAN Reg State MA Sex F Lic. Class 99 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator DAVILA DE OLIVEIRA, ARIANY Owner DOS REIS OLIVEIRA, BRUNO SR

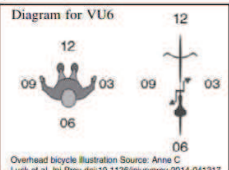
Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility

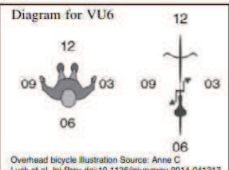
Please Select One of the Following: [] Vehicle 2 #Occupants [] Hit/Run [] Moped [X] Vulnerable User Complete the Vulnerable User section.

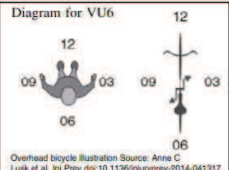
License # St. DOB/Age Reg # Reg Type Reg State Sex Lic. Class Lic. Restrictions CDL Endorsement Operator Owner

Table with columns: 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

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User		Type <input style="width: 80%;" type="text" value="1 VU1"/>	Action <input style="width: 80%;" type="text" value="2 VU2"/>	Location <input style="width: 80%;" type="text" value="97 VU3"/>					
VU: <u>COURNOYER, RICHARD WARREN</u> <small style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle </small>									
Address <u>18 SCHOOL ST</u>									
City <u>SHIRLEY</u> State <u>MA</u> Zip <u>01464-2423</u>									
License # <u>S72393170</u> St <u>MA</u> DOB/Age <u>01/24/1942</u>									
Traffic Control Device <input style="width: 80%;" type="text" value="0 VU4"/>			Event Sequence <input style="width: 80%;" type="text" value="19 VU8"/> <input style="width: 80%;" type="text" value="VU8"/> <input style="width: 80%;" type="text" value="VU8"/> <input style="width: 80%;" type="text" value="VU8"/>	Test Status: <input style="width: 80%;" type="text" value="VU11"/>					
Origin/Destination <input style="width: 80%;" type="text" value="2 VU5"/>			Contributing Code <input style="width: 80%;" type="text" value="11 VU9"/> <input style="width: 80%;" type="text" value="12 VU9"/>	Type of Test: <input style="width: 80%;" type="text" value="VU12"/>					
Contact Point: <input style="width: 80%;" type="text" value="12 VU6"/>			Distracted by <input style="width: 80%;" type="text" value="99 VU10"/> <input style="width: 80%;" type="text" value="VU10"/>	BAC Test Result: <input style="width: 80%;" type="text" value="VU13"/>					
Medical Facility									
Vulnerable User	Sex M	VU16 Seat Pos. 1	VU17 Safety Equipment 10	VU18 Eject Code 0	VU19 Trap Code 0	VU20 Injury Status 7	VU21 Transp. Code 2		

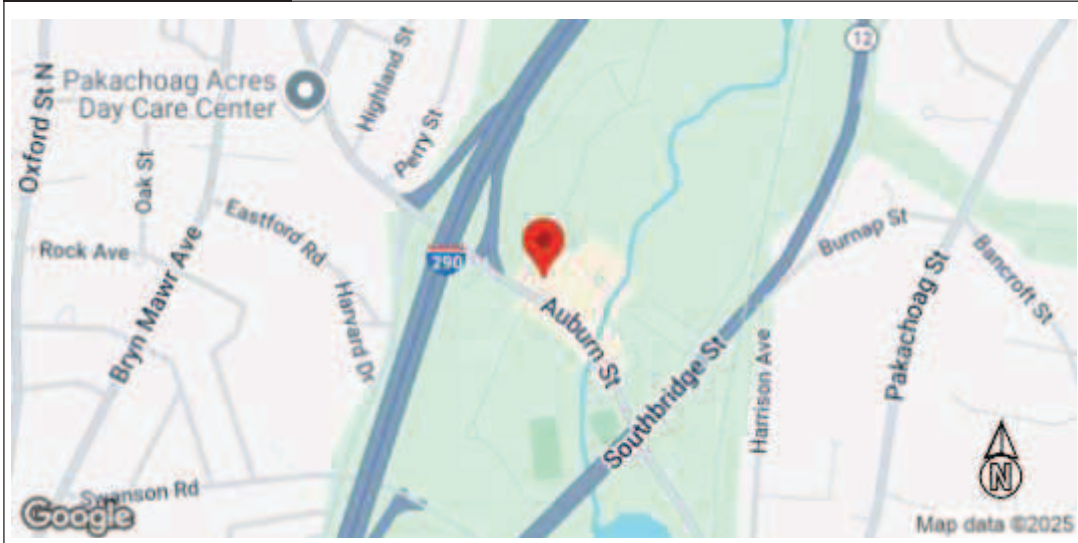
Vulnerable User		Type <input style="width: 80%;" type="text" value="VU1"/>	Action <input style="width: 80%;" type="text" value="VU2"/>	Location <input style="width: 80%;" type="text" value="VU3"/>					
VU: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle </small>									
Address _____									
City _____ State _____ Zip _____									
License # _____ St _____ DOB/Age _____									
Traffic Control Device <input style="width: 80%;" type="text" value="VU4"/>			Event Sequence <input style="width: 80%;" type="text" value="VU8"/> <input style="width: 80%;" type="text" value="VU8"/> <input style="width: 80%;" type="text" value="VU8"/> <input style="width: 80%;" type="text" value="VU8"/>	Test Status: <input style="width: 80%;" type="text" value="VU11"/>					
Origin/Destination <input style="width: 80%;" type="text" value="VU5"/>			Contributing Code <input style="width: 80%;" type="text" value="VU9"/> <input style="width: 80%;" type="text" value="VU9"/>	Type of Test: <input style="width: 80%;" type="text" value="VU12"/>					
Contact Point: <input style="width: 80%;" type="text" value="VU6"/>			Distracted by <input style="width: 80%;" type="text" value="VU10"/> <input style="width: 80%;" type="text" value="VU10"/>	BAC Test Result: <input style="width: 80%;" type="text" value="VU13"/>					
Medical Facility									
Vulnerable User									

Vulnerable User		Type <input style="width: 80%;" type="text" value="VU1"/>	Action <input style="width: 80%;" type="text" value="VU2"/>	Location <input style="width: 80%;" type="text" value="VU3"/>					
VU: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle </small>									
Address _____									
City _____ State _____ Zip _____									
License # _____ St _____ DOB/Age _____									
Traffic Control Device <input style="width: 80%;" type="text" value="VU4"/>			Event Sequence <input style="width: 80%;" type="text" value="VU8"/> <input style="width: 80%;" type="text" value="VU8"/> <input style="width: 80%;" type="text" value="VU8"/> <input style="width: 80%;" type="text" value="VU8"/>	Test Status: <input style="width: 80%;" type="text" value="VU11"/>					
Origin/Destination <input style="width: 80%;" type="text" value="VU5"/>			Contributing Code <input style="width: 80%;" type="text" value="VU9"/> <input style="width: 80%;" type="text" value="VU9"/>	Type of Test: <input style="width: 80%;" type="text" value="VU12"/>					
Contact Point: <input style="width: 80%;" type="text" value="VU6"/>			Distracted by <input style="width: 80%;" type="text" value="VU10"/> <input style="width: 80%;" type="text" value="VU10"/>	BAC Test Result: <input style="width: 80%;" type="text" value="VU13"/>					
Medical Facility									
Vulnerable User									

→ = 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



Crash Narrative:

MV#1 WAS BACKING OUT OF A MARKED PARKING SPOT IN A NORTHERN DIRECTION. PEDESTRIAN WAS WALKING FROM THE SOUTH SIDE ENTRANCE/EXIT OF THE MCDONALDS BUILDING IN A SOUTHERN DIRECTION TOWARD HIS VEHICLE. AS THE PEDESTRIAN WAS WALKING IN A SOUTHERN DIRECTION TOWARD HIS VEHICLE HE WAS LOOKING TO HIS RIGHT. MV#1 STRUCK THE PEDESTRIAN AS SHE WAS BACKING OUT OF THE PARKING SPOT.

AUBURN POLICE DEPARTMENT'S ACCIDENT RECONSTRUCTION UNIT WAS ASSIGNED THE CASE. THERE IS A CRASH RECONSTRUCTION REPORT AND SCALED DIAGRAM IN ADDITION TO THIS REPORT. (END OF REPORT)

OFFICER JASON P. MIGLIONICO

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 Jason Miglionico 52JM Auburn Police Department 04/10/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date