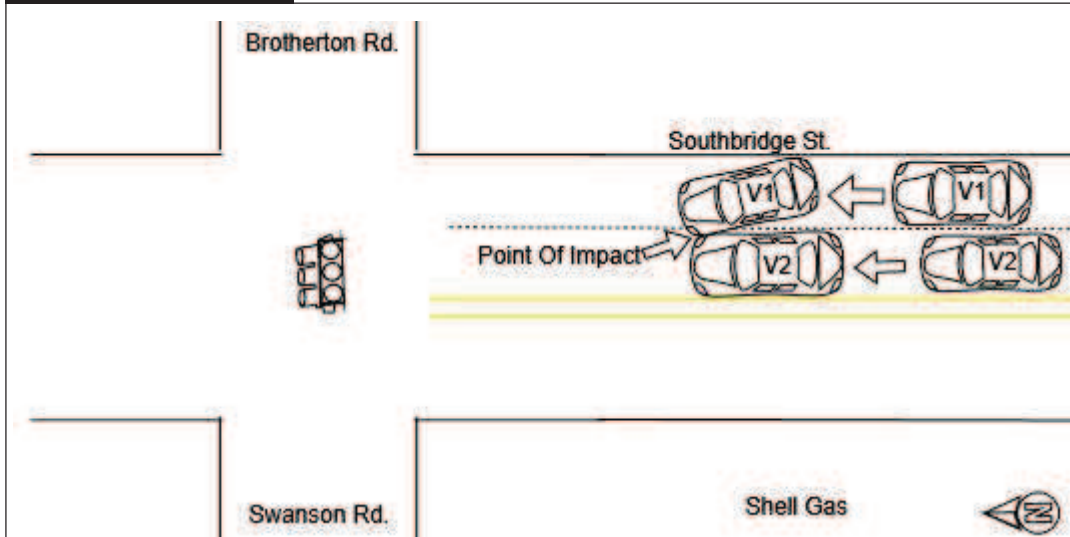


Police Use Only		Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 10/30/2024	Time of Crash 1900 24HR	City/Town Auburn		Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
SOUTHBRIDGE ST															
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street									
At						Feet N S E W of . or Exit Number									
SWANSON RD															
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street									
Also at Intersection with															
Route# Direction Name of Intersecting Roadway/Street						Landmark									
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 1.1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-388-AC							
License # S17775420 St MA DOB/Age 07/04/2002						Reg # 2SXH84 Reg Type PC Reg State MA									
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21									
Operator AYALA, YEIMI SANDRITA						Owner AYALA, YEIMI SANDRITA									
Address 23 GATES ST APT 2						Address 23 GATES ST APT 2									
City WORCESTER State MA Zip 01610-1651						City WORCESTER State MA Zip 01610-1651									
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 5 22 Damaged Area Code: 8 27 27 27									
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28									
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 0 29									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25 BAC Test Result: 30									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32									
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 2.1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.							
License # S53011494 St MA DOB/Age 12/25/1991						Reg # 969DJ1 Reg Type PC Reg State MA									
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2021 Veh Make HONDA Veh Config. 1 21									
Operator MONTEMAYOR, KRISTA ELIZABETH						Owner MONTEMAYOR, MARJORY ANN									
Address 6 THAYER POND DR APT 15						Address 6 THAYER POND DR APT 15									
City NORTH OXFORD State MA Zip 01537-1135						City NORTH OXFORD State MA Zip 01537-1135									
Insurance Company USAA CASUALTY INSURANCE C						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27									
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28									
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 0 29									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25 BAC Test Result: 30									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32									
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 → ○ → ○



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:

V1 and V2 btch were travelling northbound on Southbridge St. V2 was in a left turn only lane, attempting to make a left hand turn onto Swanson Rd. V1 was attempting to merge into the left only lane attempting to turn on Swanson Rd. V1 merged into V2's lane and crashed into the front right side of V2. Operator of V1 stated that they believed they had enough room to merge, however stated that V2 was travelling at a high rate of speed. There were no reported injuries, both vehicles were able to leave the scene without a tow. Witness on scene stated they observed V1 merge into V2. Stated they did not believe V2 was travelling at a high rate of speed.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SULLIVAN JESSICA M	169 OXFORD ST N Apt. #3 AUBURN MA 01501-1545		

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 P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/30/2024

Date