

| Police Use Only | | | Commonwealth of Massachusetts | | | | | | RMV Document Number | | | |
|---|-------------------------------|---------------------|---|--|----------------------------------|---|--|-------------------|---------------------|-----------|--|---|
| Date of Crash 06/01/2025 | Time of Crash 1415 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: | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 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 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> | | | | | | |
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| 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# 25-186-AC | | | | | |
| License # SA7591789 St MA DOB/Age 05/13/1968 | | | | | | Reg # 5PZR87 Reg Type PC Reg State MA | | | | | | |
| Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement | | | | | | Veh Year 2016 Veh Make CHEVROLET Veh Config. 1 21 | | | | | | |
| Operator QUINTO DAVILA, JUAN CARLOS | | | | | | Owner QUINTO DAVILA, JUAN CARLOS | | | | | | |
| Address 555 WORCESTER ST APT 313 | | | | | | Address 555 WORCESTER ST APT 313 | | | | | | |
| City SOUTHBRIDGE State MA Zip 01550-3302 | | | | | | City SOUTHBRIDGE State MA Zip 01550-3302 | | | | | | |
| Insurance Company STATE FARM MUTUAL AUTOMOB | | | | | | 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 26 | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | Towed from scene? 2 31 Susp. Drug: 2 32 | | | | | | |
| 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 | | | | | | |
| | | | | | | | | | | | | |
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| 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 # SA7990419 St MA DOB/Age 07/07/2005 | | | | | | Reg # 6FWS88 Reg Type PC Reg State MA | | | | | | |
| Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement | | | | | | Veh Year 2005 Veh Make TOYOTA Veh Config. 1 21 | | | | | | |
| Operator LAGO, LETICIA MIRANDA | | | | | | Owner LAGO, FABIO | | | | | | |
| Address 741 SOUTHBRIDGE ST APT 2 | | | | | | Address 147 TURKEY HILL RD | | | | | | |
| City AUBURN State MA Zip 01501-1311 | | | | | | City RUTLAND State MA Zip 01543-2255 | | | | | | |
| Insurance Company PROGRESSIVE DIRECT INSURA | | | | | | 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 19 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 | | | | | | Towed from scene? 1 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 | | | | | | |
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→ = 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

North Arrow

↑

Crash Narrative:

Vehicle one was traveling southbound on Rt. 12 (public way) in the left hand travel lane.

Vehicle two was traveling northbound on Rt. 12 in the left hand travel lane. Vehicle two was turning left to travel west on Warren Rd (public way). Vehicle two failed to yield to on coming traffic, as a result vehicle one was unable to stop and struck vehicle two.

Both operators declined medical attention. Vehicle two was towed from the scene.

Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|--------------------------|---------|---------|-----------|
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| | | | |

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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/01/2025

Date