

Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 12/17/2024		Time of Crash 1216 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:		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
LEICESTER ST																
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street										
At																
BRYN MAWR AVE																
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of or Mile Marker Exit Number										
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street										
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Landmark										
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# 24-457-AC								
License # SA7931562 St MA DOB/Age 12/01/1991						Reg # 5YMD98 Reg Type PAN Reg State MA										
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2011 Veh Make HYUNDAI Veh Config. 1 21										
Operator ADU YEBOAH, ENOCK						Owner ADU YEBOAH, ENOCK										
Last First Middle						Last First Middle										
Address 28 HARTLEY ST						Address 28 HARTLEY ST										
City WEBSTER State MA Zip 01570-1625						City WEBSTER State MA Zip 01570-1625										
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 1 27 8 27										
Vehicle Travel Direction: N X 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 4 25 25 BAC Test Result: 1 30										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 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 0 4 0 0 10 1										
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.								
License # S90763883 St MA DOB/Age 03/20/1968						Reg # 824DD9 Reg Type PAN Reg State MA										
Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2013 Veh Make HYUNDAI Veh Config. 1 21										
Operator MACHADO, NYDIA Y						Owner MACHADO, NYDIA Y										
Last First Middle						Last First Middle										
Address 9 GENESSEE ST						Address 9 GENESSEE ST										
City WORCESTER State MA Zip 01603-1705						City WORCESTER State MA Zip 01603-1705										
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 8 27 27										
Vehicle Travel Direction: N S X 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: 1 30										
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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 2 0 0 10 1										
NILSA RAMIREZ 9 GENESSEE ST WORCESTER, MA 01603-1705						02/17/1977 F 3 1 1 0 0 10 1										

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

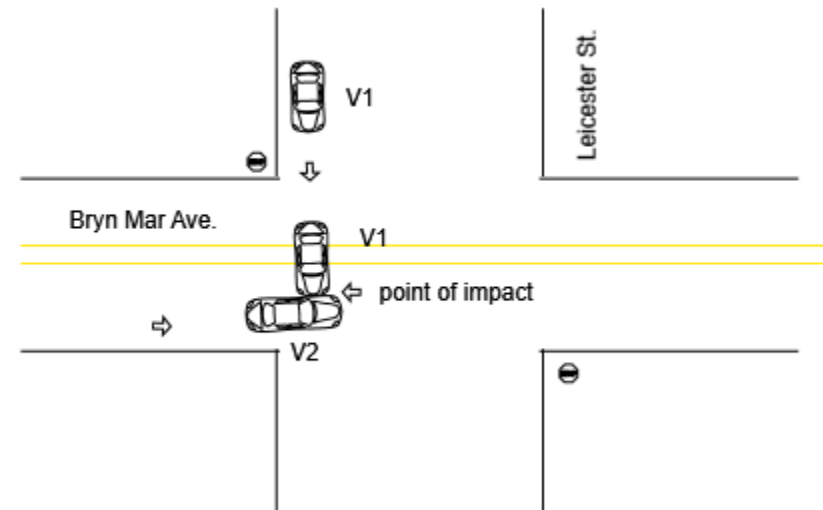
Crash Diagram:

ie: → 1 → 2 → ○ → ○

If Crash Did Not Occur on a Public Way:

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

Intersection Arrow



Crash Narrative:

Vehicle 1 was traveling Southbound on Leicester St. (public). Vehicle 1 had a stop sign. Vehicle 1 entered the intersection and struck Vehicle 2 which was traveling Eastbound on Bryn Mar Ave. (public). There was no stop sign on Bryn Mar Ave. Vehicle 1 was the only vehicle towed and both operators declined medical attention.

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 Derek P Courchaine

Police Officer Name (Please Print)

Signature

75DC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/17/2024

Date