

Police Use Only			Commonwealth of Massachusetts						RMV Document Number						
Date of Crash 11/21/2024		Time of Crash 1929 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street Feet N S E W of . or Mile Marker Exit Number Feet N S E W of Route# 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# 24-415-AC							
License # SA5601139 St MA DOB/Age 09/24/2001 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator ALZATE VANEGAS, ISMAEL Address 657 WORCESTER ST APT 1108 City SOUTHBRIDGE State MA Zip 01550-1372 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 2TEM41 Reg Type PC Reg State MA Veh Year 2019 Veh Make GMC Veh Config. 1 Owner TURGEON, KAYLEE CECILE Address 657 WORCESTER ST APT 1108 City SOUTHBRIDGE State MA Zip 01550-1372 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 3 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 7 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33									
Please fill out for operator and all occupants involved															
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		X		X		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 # 207074272 St CT DOB/Age 08/07/1964 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator ZORENA, JAMES P Address 1 SPOKE DR City WOODBRIDGE State CT Zip 06525 Insurance Company USAA Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # BL35651 Reg Type PC Reg State CT Veh Year 2002 Veh Make HONDA Veh Config. 1 Owner ZORENA, JAMES P Address 1 SPOKE DR City WOODBRIDGE State CT Zip 06525 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 3 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 3 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33									
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Operator/Occupants		See Above		X		X		1	1	4	0	0	10	1	

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

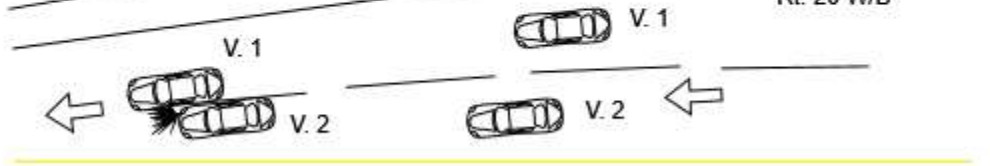
### Crash Diagram:

ie: → 1 → 2 → ○ → ○



314 Washington St

Rt. 20 W/B



### 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 one and two were each traveling westbound on Rt. 20 (public way). Vehicle one was in the right hand travel lane, vehicle two was in the left hand travel lane. In the vicinity of 314 Washington St, the lanes merge. Vehicle one was ahead of vehicle two, vehicle two failed to yield to vehicle one. Both vehicles were able to drive on their own, 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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/21/2024

Date