

Date of Crash **06/08/2023** Time of Crash **0924** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

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# **676** Direction _____ Address # **SOUTHBRIDGE ST** 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 _____ **CVS ENTRANCE / EXIT** Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-190-AC**

License # **S10737995** St **MA** DOB/Age **02/19/1990** Reg # **6PF459** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2009** Veh Make **HONDA** Veh Config. **1 21**
 Operator **TORPEY, PATRICIA M** Owner **TORPEY, LORETTA A**
 Address **103 MANTHORNE RD** Address **103 MANTHORNE RD**
 City **WEST ROXBURY** State **MA** Zip **02132** City **WEST ROXBURY** State **MA** Zip **02132-1504**
 Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **6 22** Damaged Area Code: **8 27 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) **NONE** Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **4 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2 33**

Please fill out for operator and all occupants involved		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	XXXXXX	X	1	99	4	0	0	10	1	DECLINED MEDICAL ASSISTANCE

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

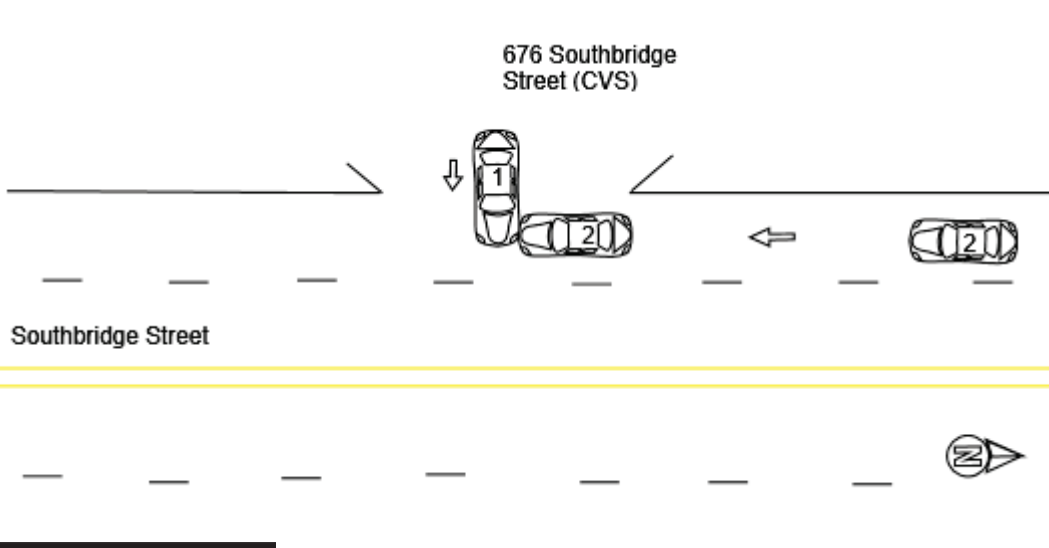
License # **S37010900** St **MA** DOB/Age **02/27/1962** Reg # **4ZL347** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2014** Veh Make **JEEP** Veh Config. **1 21**
 Operator **ZIEGLER, DIANE B** Owner **ZIEGLER, DIANE B**
 Address **206 PODUNK RD** Address **206 PODUNK RD**
 City **STURBRIDGE** State **MA** Zip **01566-1321** City **STURBRIDGE** State **MA** Zip **01566-1321**
 Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 27 27**
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) **NONE** Most Harmful Event **1 24** Type of Test: **29**
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Please fill out for operator/non-motorist and all occupants involved		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/Non-Motorist	See Above	XXXXXX	X	1	99	4	0	0	10	1	DECLINED MEDICAL ASSISTANCE

➔ = 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 2 (V2) was traveling southbound on Southbridge Street (Rt 12). Vehicle 1 (V1) was exiting the parking lot of CVS (676 Southbridge Street). V1 did not yield the right of way to V2 and a collision occurred in the right southbound travel lane. V1 sustained left front fender damage. V2 sustained right front bumper damage. Both vehicles could be driven from the scene. Neither operator sustained any injuries and declined medical treatment.

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]

Sergeant Justin D Starkus

Police Officer Name (Please Print)

Signature

58JS

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/08/2023

Date