

Date of Crash 06/08/2023 Time of Crash 1147 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0

Speed Limit 30 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 Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Route# Intersecting Roadway/Street Feet N S E W of Landmark

Please Select One of the Following: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped Crash Report ID# 23-191-AC

License # S63751720 St MA DOB/Age 12/23/1974 Reg # 1AD77Z Reg Type APN Reg State MA Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator LOPEZ-ROBLES, VICTOR Owner ANV1 TRANSPORTATION LLC Address 17 CLANTOY ST Address 2 MONROE ST APT 302 City SPRINGFIELD State MA Zip 01104-2445 City HOLYOKE State MA Zip 01040-2381 Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 3 22 Damaged Area Code: 4 27 27 27 Vehicle Travel Direction: [X] S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Citation # (If Issued) Most Harmful Event 1 24 Driver Contributing Code 18 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Table with columns: 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. Row 1: Operator, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1.

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

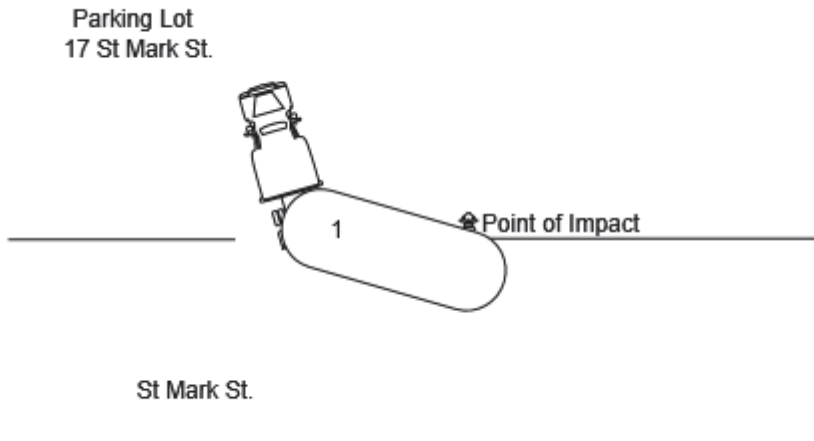
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→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian 🚲 = Bicycle

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

↑ Arrow



Crash Narrative:

Vehicle 1 was pulling in to the parking lot of 17 St. Mark St. and struck a fire hydrant with the right rear of the 53 foot trailer. The fire hydrant became dislodged.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CALLAHAN SCOTT A	3 SIGOURNEY ST OXFORD MA 01540-2492	[REDACTED]	

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF AUBURN	104 CENTRAL ST AUBURN MA 01501	508-832-7728		FIRE HYDRANT

Truck and Bus Information:

Registration # **1AD77Z** (From Vehicle Section)

Carrier Name **ANV1** Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: **3981455** State Number _____ Issuing State **MA** MC/MX/ICC #: **1490861**

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: **2931498** Reg Type **APN** Reg State **ME** Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrolman **Randy L McCarthy** **78RM** **Auburn Police Department** **06/08/2023**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date