

Date of Crash **06/10/2023** Time of Crash **0129** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** 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 _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street **MILLBURY ST** 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 _____

0 Feet **N X E W** of _____ **AREA OF WEBSTER FIVE** Landmark _____

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped Crash Report ID# **23-195-AC**

License # **S45844994** St **MA** DOB/Age **04/16/1986** Reg # **2GF383** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2011** Veh Make **MAZDA** Veh Config. **1 21**

Operator **BREEN, BRENDAN C** Owner **BREEN, BRENDAN C**

Address **99 EPWORTH ST** Address **99 EPWORTH ST**

City **WORCESTER** State **MA** Zip **01610-3009** City **WORCESTER** State **MA** Zip **01610-3009**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **5 27 27 27**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **42 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) **021927AC** Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **89 4A** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **10 25 97 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **3 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	XXXXXX	XXXX	1	99	4	0	0	10	1	
JOSEPH KENADEK	11 MARLBORO ST WORCESTER, MA 01604-1733	11/30/1982	M	3	99	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **SA0170186** St **MA** DOB/Age **02/24/2003** Reg # **83R930** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2003** Veh Make **LEXUS** Veh Config. **1 21**

Operator **ROBERT, JOSHUA KRISTOPHER** Owner **GRASSESCHI, CAROLANNE**

Address **4 ELM CT** Address **11 GREENWOOD DR**

City **MILLBURY** State **MA** Zip **01527-2614** City **AUBURN** State **MA** Zip **01501-1851**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 8 27 2 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: **29**

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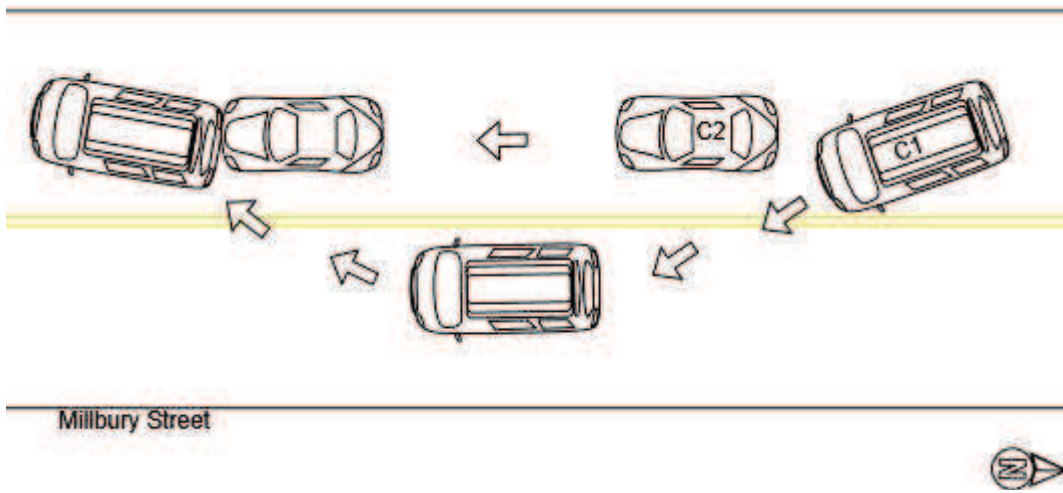
Please fill out for operator/non-motorist and all occupants involved

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/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	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

Direction of Travel Arrow



Crash Narrative:

On June 10, 2023, I was conducting stationary traffic enforcement on Millbury Street in the area of Webster Five. At approximately 0129 hours, I observed Vehicle 1 (C1) operated by BRENDAN BREEN, overtake Vehicle 2 (C2) in an apparent road rage incident. Both cars were traveling south on Millbury Street and Brendan subsequently hit his brakes to cause an accident. The operator of C2, JOSHUA ROBERT, rear ended C1 which was out of his control. Brendan exited his car, punched through the closed driver side window of Joshua's car and struck him with a closed fist in the nose. Brendan subsequently fled the scene when I activated my emergency lights and sirens but eventually stopped when I was able to catch up to him.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
WALKER DOMINIC	416 OXFORD ST N AUBURN MA 01501	508-832-7777	

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 Dominic J Walker	87DW	Auburn Police Department	06/10/2023
Police Officer Name (Please Print)	ID/Badge #	Department	Precinct/Barracks
Signature			Date