

Date of Crash **07/26/2023** Time of Crash **1203** 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:
 Latitude _____ Longitude _____

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# **746** 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 _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-245-AC**

License # **239939294** St **CT** DOB/Age **11/29/1986** Reg # **W40204** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2022** Veh Make **PeterBuilt** Veh Config. **6 21**
 Operator **MCINTIRE, MICHAEL THOMAS** Owner **JONES, STEPHEN PAUL**
 Address **PO BOX 143** Address **53 MAY HILL RD**
 City **STERLING** State **CT** Zip **06377** City **MONSON** State **MA** Zip **01057-9756**
 Insurance Company **ALLMERICA FINANCIAL BENEF** 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 **2 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) **096029AC** Most Harmful Event **2 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub **90 10** Viol. 2: Ch/Sec/Sub **720CMR906 B** Driver Contributing Code **99 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 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	XXXX	1	99	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

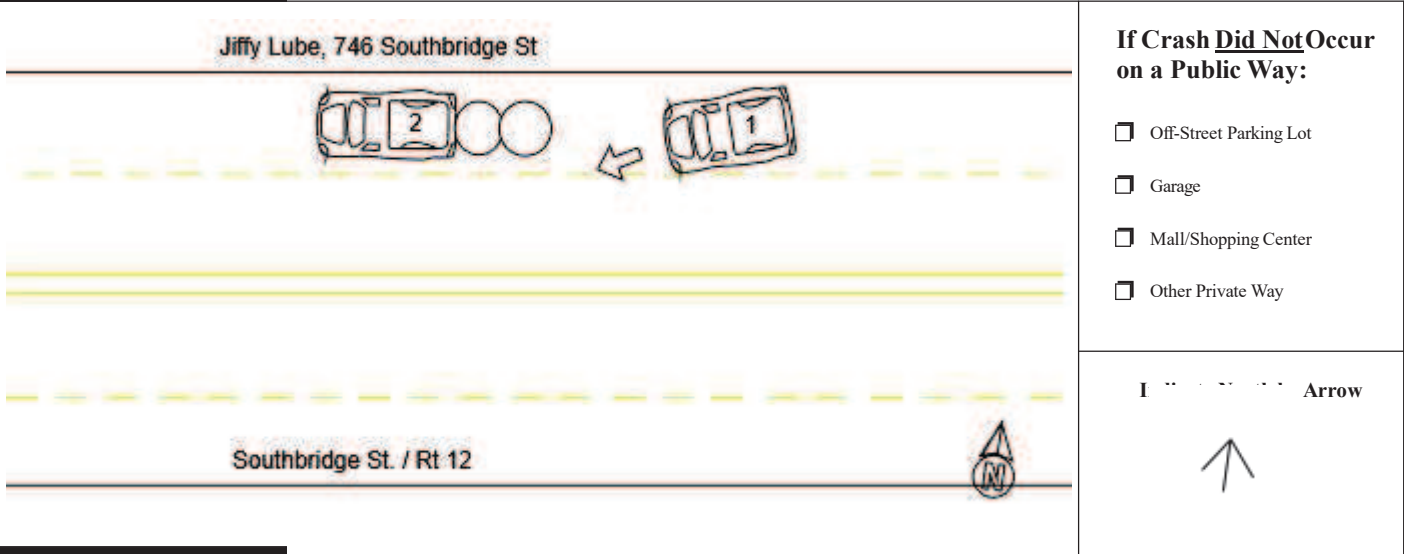
License # _____ St _____ DOB/Age _____ Reg # **STH130** Reg Type **ST** Reg State **MA**
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **FREIGHTLINER** Veh Config. **6 21**
 Operator **Driverless M.V.** Owner **MASSACHUSETTS DEPARTMENT OF TRANSPORTATION**
 Address _____ Address **668 SOUTH AVE**
 City _____ State _____ Zip _____ City **WESTON** State **MA** Zip **02493-1120**
 Insurance Company _____ Vehicle Action Prior to Crash **11 22** Damaged Area Code: **6 27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2 33**

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	XXXX	1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Vehicle 2, MADOT attenuator, was parked in the right lane of Rt. 12 for mowing operation. Operator of vehicle 2 was travelling south in right lane. Operator reported when he attempted to merge into the left lane he was unable to and was unable to stop in time. Vehicle 1 struck the attenuator of vehicle 2.

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 # **W40204** (From Vehicle Section)

Carrier Name **sam hicks** Bus Use ⁴²

Address _____ City **CHARLTON** St **MA** Zip **01507**

US DOT #: **393991** State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate Cargo Body Type Code GVWR/GCWR

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Patrolman **Tyler F Bresse** **83TB** **Auburn Police Department** **07/26/2023**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date