

Date of Crash **07/28/2023** Time of Crash **1354** 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# **688** 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 **12** #Occupants Hit/Run Moped Crash Report ID# **23-251-AC**

License # **S03571530** St **MA** DOB/Age **11/27/1957** Reg # **3MZH66** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **1991** Veh Make **AMERICAN MOTORS** Veh Config. **1 21**

Operator **ANNAND, PAUL PHILIP** Owner **ANNAND, PAUL PHILIP**

Address **207 PARTRIDGE HILL RD** Address **207 PARTRIDGE HILL RD**

City **CHARLTON** State **MA** Zip **01507-6705** City **CHARLTON** State **MA** Zip **01507-6705**

Insurance Company **AMERICAN FAMILY HOME INSU** Vehicle Action Prior to Crash **6 22** Damaged Area Code: **2 27 27 27**

Vehicle Travel Direction: **N S X 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**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4 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	X	X	1	1	4	0	0	10	1
WENDY MANCINI	207 PARTRIDGE HILL RD CHARLTON, MA 01507-6705	05/07/1964	F	3	1	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 # **S87383464** St **MA** DOB/Age **08/15/1995** Reg # **278ZS3** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2004** Veh Make **CHEVROLET** Veh Config. **1 21**

Operator **CICERO, ZACHARY A** Owner **CICERO, ZACHARY A**

Address **235 BURLINGAME RD** Address **235 BURLINGAME RD**

City **CHARLTON** State **MA** Zip **01507-5205** City **CHARLTON** State **MA** Zip **01507-5205**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 27 27**

Vehicle Travel Direction: **X S 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**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**

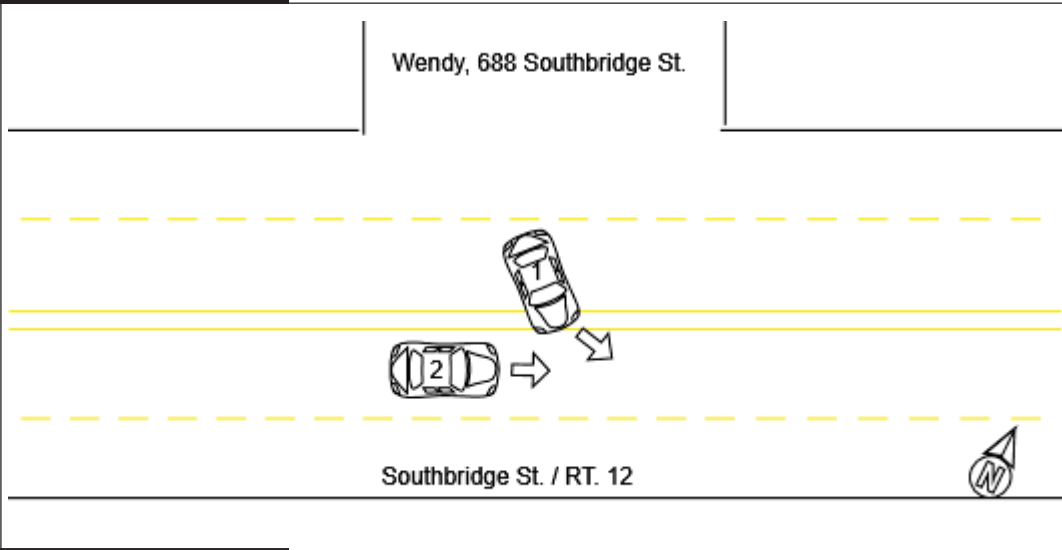
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Towed from scene? **1 33**

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	X	X	1	1	4	0	0	10	1

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

Illustration Arrow



Crash Narrative:

Operator of vehicle 1 reported both vehicles were travelling north on Rt. 12 and was cut off by vehicle 2 as it merged from the right lane to left lane. Operator of vehicle 2 reported he was travelling north on Rt. 12 and vehicle 1 exited from the Wendy's parking lot cutting in front of him. Vehicle 2 sustained damage to the front driver side and vehicle 1 sustained damage to the front passenger side. Damage was more consistent with vehicle 1 exiting the Wendy's lot. Operator of vehicle 1 was unable to explain the damage.

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 Tyler F Bresse
Police Officer Name (Please Print)

Signature

83TB
ID/Badge #

Auburn Police Department
Department

Precinct/Barracks

07/28/2023
Date