

Date of Crash 08/09/2023 Time of Crash 1321 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 1 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other: [] [] [] [] []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

SWANSON RD Route# Direction Name of Roadway/Street At I 290 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped Crash Report ID# 23-266-AC

License # S31622730 St MA DOB/Age 07/12/1950 Reg # PZ8875 Reg Type MCN Reg State MA Sex M Lic. Class D M Lic. Restrictions 20 CDL Endorsement Operator ROCLETTE, GARY ARTHUR Owner ROCLETTE, GARY ARTHUR Address 82 N MAIN ST City WEBSTER State MA Zip 01570-2235 Insurance Company GEICO INDEMNITY COMPANY Vehicle Action Prior to Crash 6 Damaged Area Code: 5 27 6 27 27 Vehicle Travel Direction: [X] S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33

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. Operator row: Operator, See Above, [X], [X], 1, 5, 5, 2, 0, [X], 1

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

License # S82709392 St MA DOB/Age 03/01/1971 Reg # 9ZY294 Reg Type PAN Reg State MA Sex F Lic. Class D M Lic. Restrictions 20 CDL Endorsement Operator ROSS, KELLY L Owner ROSS, KELLY L Address 176 MEADOW ST City AGAWAM State MA Zip 01001-2200 Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 6 Damaged Area Code: 1 27 2 27 27 Vehicle Travel Direction: [X] S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 4 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 3 33

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. Operator/Non-Motorist row: Operator/Non-Motorist, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:

Crash Narrative:

On August 9, 2023, I, Officer Dominic J. Walker was on routine patrol in the area of the I-290 off ramps on Swanson Road. While approaching this area I observed a motorcycle laying on its side, a male party who appeared to be stuck under the motorcycle yelling and a vehicle on the off ramp with its hazards on. I separated the two parties and spoke with the operator of the KIA. She stated that she was coming off of I-290 and saw the motorcycle in front of her. She crept forward thinking that the motorcycle proceeded on to Swanson Road. She hit the gas and subsequently accelerated into the rear of the motorcycle causing it to tip over.

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/09/2023

Date