

Date of Crash **08/21/2023** Time of Crash **1004** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **45** 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# **65** Direction _____ Address # _____ Name of Roadway/Street **SOUTHBRIDGE ST**
 _____ 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# **23-282-AC**

License # **S79178861** St **MA** DOB/Age **07/24/1956** Reg # **8012E** Reg Type **RPN** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2000** Veh Make **TOYOTA** Veh Config. **1 21**
 Operator **MAHLERT, MARK ANDRU** Owner **DT AUTOMOTIVE LLC**
 Address **165 SOUTH ST** Address **199 SOUTHBRIDGE ST**
 City **AUBURN** State **MA** Zip **01501-2728** City **AUBURN** State **MA** Zip **01501**
 Insurance Company **STATE AUTOMOBILE MUTUAL** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 10 27 27**
 Vehicle Travel Direction: **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: **99 29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **1 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	1	1	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

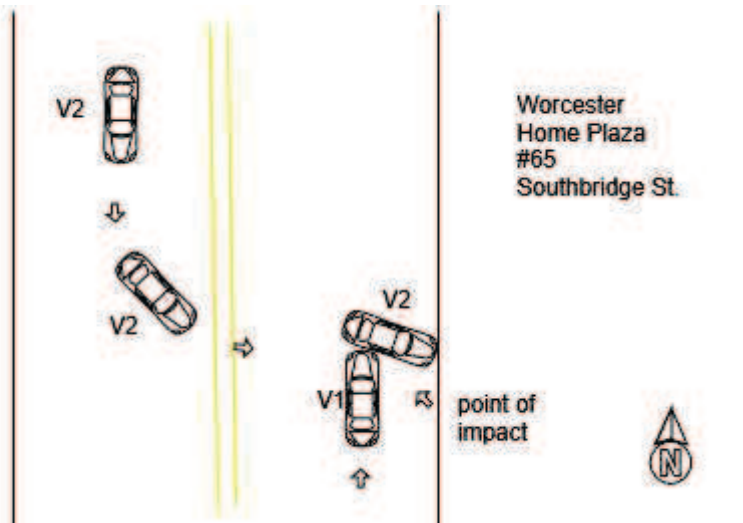
License # **S25508814** St **MA** DOB/Age **11/12/1992** Reg # **8SZ623** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2009** Veh Make **CHEVROLET** Veh Config. **1 21**
 Operator **RODRIGUEZ, KATHYSHELL NAELYNE** Owner **RODRIGUEZ, KATHYSHELL NAELYNE**
 Address **1301 MAIN ST APT 3** Address **1301 MAIN ST APT 3**
 City **WORCESTER** State **MA** Zip **016**** City **WORCESTER** State **MA** Zip **016****
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **4 27 3 27 27**
 Vehicle Travel Direction: **N** **E** **W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) **T3157683** Most Harmful Event **1 24** Type of Test: **99 29**
 Viol. 1: Ch/Sec/Sub **90 23** Driver Contributing Code **19 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 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	XXXXXX	XXXX	1	1	1	0	0	●	●	██████████ ██████████

→ = 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 traveling northbound on Southbridge St. (public way). Vehicle 2 was traveling southbound on Southbridge St. (public way) and was making a left turn into the parking lot of the Worcester Home Plaza when both vehicles collided. [REDACTED]

The operator of Vehicle 2 was operating with a suspended license. Both vehicles were towed by **Direnzo Towing**.

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 **Derek P Courchaine** 75DC Auburn Police Department 08/21/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date