

Date of Crash 09/02/2023	Time of Crash 2152 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

HEARD ST					
Route#	Direction	Name of Roadway/Street	Route#	Direction	Name of Roadway/Street
At					
OXFORD STREET NO					
Route#	Direction	Name of Intersecting Roadway/Street	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	Mile Marker	Exit Number
Also at Intersection with					
Route#	Direction	Name of Intersecting Roadway/Street	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	Route#	Intersecting Roadway/Street
			Landmark		

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped **Crash Report ID# 23-297-AC**

License # S60206845 St MA DOB/Age 08/23/1956	Reg # 7CHS90 Reg Type PC Reg State MA
Sex F Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 99 <u>20</u> CDL _____	Veh Year 2022 Veh Make BUICKS Veh Config. 1 <u>21</u>
Operator CARROLL, MAUREEN M	Owner CARROLL, MAUREEN M
Address 18 CARROLL ST	Address 18 CARROLL ST
City AUBURN State MA Zip 01501-3403	City AUBURN State MA Zip 01501-3403
Insurance Company PLYMOUTH ROCK ASSURANCE C	Vehicle Action Prior to Crash 1 <u>22</u> Damaged Area Code: 1 <u>27</u> <u>8</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: 3 <u>28</u>
Citation # (If Issued) 162005AC	Most Harmful Event 1 <u>24</u> Type of Test: 2 <u>29</u>
Viol. 1: Ch/Sec/Sub 90 <u>24</u> Viol. 2: Ch/Sec/Sub 90 <u>24A</u>	Driver Contributing Code 14 <u>25</u> <u>25</u> BAC Test Result: 6 <u>30</u>
Viol. 3: Ch/Sec/Sub 89 <u>4B</u> Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 5 <u>26</u> Susp. Alcohol: 1 <u>31</u> Susp. Drug: 2 <u>32</u>
Towed from scene? 1 <u>33</u>	

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	02/25/1939	M	1	1	4	0	0	10	1	
JOHN CARROLL	18 CARROLL ST AUBURN, MA 01501-3403	02/25/1939	M	1	1	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

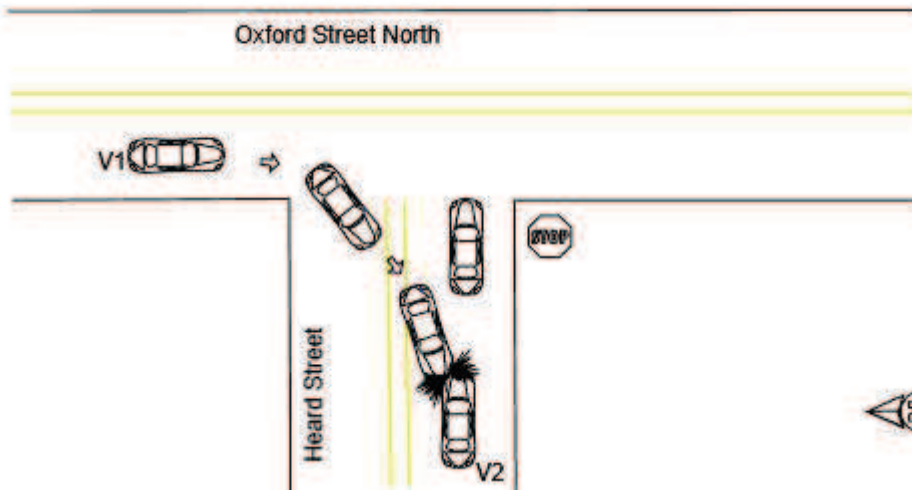
License # S11610145 St MA DOB/Age 07/12/1990	Reg # 6RE936 Reg Type PC Reg State MA
Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 1 <u>20</u> CDL _____	Veh Year 2015 Veh Make TOYOTA Veh Config. 1 <u>21</u>
Operator ALFEREZ RIVAS, MEDARDO E	Owner ALFEREZ RIVAS, MEDARDO E
Address 92B BRIGHTWOOD AVE	Address 92B BRIGHTWOOD AVE
City WORCESTER State MA Zip 01604-3329	City WORCESTER State MA Zip 01604-3329
Insurance Company LIBERTY MUTUAL PERSONAL I	Vehicle Action Prior to Crash 1 <u>22</u> Damaged Area Code: 1 <u>27</u> <u>3</u> <u>27</u> <u>10</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: 1 <u>28</u>
Citation # (If Issued) _____	Most Harmful Event 1 <u>24</u> Type of Test: 2 <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 <u>25</u> <u>25</u> BAC Test Result: 1 <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 <u>26</u> Susp. Alcohol: 2 <u>31</u> Susp. Drug: 2 <u>32</u>
Towed from scene? 1 <u>33</u>	

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	09/02/1961	F	1	1	4	0	0	10	1	
ESTEBANA RIVAS BARILLAS	92B BRIGHTWOOD AVE WORCESTER, MA 016**	09/02/1961	F	1	1	4	0	0	10	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

Insert Arrow



Crash Narrative:

V2 was approaching the stop sign at the intersection of Oxford Street North and Heard Street. V1 attempted to take a right hand turn onto Heard street when it crossed over double solid yellow lines and crashed into V2.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
RUSS JOSEPH ROBERT	15 KING CT BSMT LEICESTER MA 01524	[REDACTED]	

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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/02/2023

Date