

Date of Crash **09/08/2023** Time of Crash **2247** 24HR 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 Address # Name of Roadway/Street  
 20 W 502 WASHINGTON ST  
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with  
 Route# Direction Name of Intersecting 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# **23-304-AC**

License # **S91504541** St **MA** DOB/Age **11/06/1983** Reg # **6DJ299** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL Endorsement  
 Operator **ALLEN, NEIL C** Owner **ALLEN, NEIL C**  
 Address **3 BIRCH ST** Address **3 BIRCH ST**  
 City **OXFORD** State **MA** Zip **01540-2215** City **OXFORD** State **MA** Zip **01540-2215**  
 Insurance Company **CITIZENS INSURANCE COMPAN** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **6 27 27 27**  
 Vehicle Travel Direction: **N S E X** 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 \_\_\_\_\_ 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? **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
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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 # **unknown** Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement  
 Operator **unknown** Owner \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXX</del>	<del>XX</del>	<b>1</b>	<b>99</b>	<b>99</b>	<b>0</b>	<b>0</b>	<b>99</b>	<b>1</b>	

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

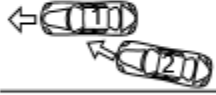
**Crash Diagram:**

ie: → 1 → 2 → ○ → ○

Cumberland Farms

**If Crash Did Not Occur on a Public Way:**

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way



↑ Arrow



**Crash Narrative:**

Both vehicles were traveling westbound on route 20. Vehicle 2 made a right turn into the parking lot at Cumberland Farms striking vehicle 1. Vehicle 2 then drove through the parking lot and continued onto South St. traveling northbound. Vehicle 1 pulled over and then into the parking lot when the other vehicle took off. No injuries were reported.

**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 Dominick Boschetto

91DB

Auburn Police Department

09/08/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date