

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **09/10/2023** Time of Crash **1309** 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# Direction Address # Name of Roadway/Street
711 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 **12** #Occupants Hit/Run Moped Crash Report ID# **23-305-AC**

License # **S79280551** St **MA** DOB/Age **03/30/1980** Reg # **SUPLUV** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL Endorsement
Operator **BERNIER, HEATHER ANN** Owner **BERNIER, ROBERT L**
Address **26 HOLMES ST** Address **26 HOLMES ST**
City **SPENCER** State **MA** Zip **01562-2359** City **SPENCER** State **MA** Zip **01562-2359**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **4 27 27 27**
Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **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: **30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **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				1	1	4	0	0	10	1	
ROBERT BERNIER	26 HOLMES ST SPENCER, MA 01562-2359	07/17/1980	M	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 # **S57368416** St **MA** DOB/Age **07/03/1970** Reg # **7YK658** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL Endorsement
Operator **MOREAU, CHRISTINE MICHELE** Owner **MOREAU, PAUL ALLEN JR**
Address **4 PASSWAY APT 6** Address **4 PASSWAY APT 6**
City **WORCESTER** State **MA** Zip **01602-3008** City **WORCESTER** State **MA** Zip **01602-3008**
Insurance Company **MAIN STREET AMERICA PROTE** Vehicle Action Prior to Crash **5 22** Damaged Area Code: **7 27 27 27**
Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
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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
Operator/Non-Motorist				1	1	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian 🚲 = Bicycle

Crash Diagram:

ie: → 1 → 2 → ♂ → 🚲

Area of 711 Southbridge St

If Crash Did Not Occur on a Public Way:

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

Legend: Arrow →

Crash Narrative:

V1 was in left lane traveling north on Southbridge St. V2 was traveling north on Southbridge St in right lane. V2 changed lanes making contact with V1 in V1's lane of travel.

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 Adam D Gustafson

62AG

Auburn Police Department

09/10/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date