

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **09/12/2023** Time of Crash **1539** 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
603 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# **23-307-AC**

License # **S18457478** St **MA** DOB/Age **01/09/2002** Reg # **3DAW16** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL Endorsement
Operator **DESO, DANIEL CLAYTON** Owner **DESO, DANIEL CLAYTON**
Address **102 BRYN MAWR AVE** Address **102 BRYN MAWR AVE**
City **AUBURN** State **MA** Zip **01501-1606** City **AUBURN** State **MA** Zip **01501-1606**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **1** **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: **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: **2** **31** Susp. Drug: **2** **32**
Towed from scene? **1** **33**

Please fill out for operator and all occupants involved

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	See Above	XXXXXX	XXXX	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 # **S78872527** St **MA** DOB/Age **08/06/1946** Reg # **1LKA33** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL Endorsement
Operator **CLIFFORD, RAYMOND L** Owner **CLIFFORD, RAYMOND L**
Address **20 MCGOVERN LN** Address **20 MCGOVERN LN**
City **WEBSTER** State **MA** Zip **01570-1514** City **WEBSTER** State **MA** Zip **01570-1514**
Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **3** **27** **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: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **9** **25** **4** **25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
Towed from scene? **2** **33**

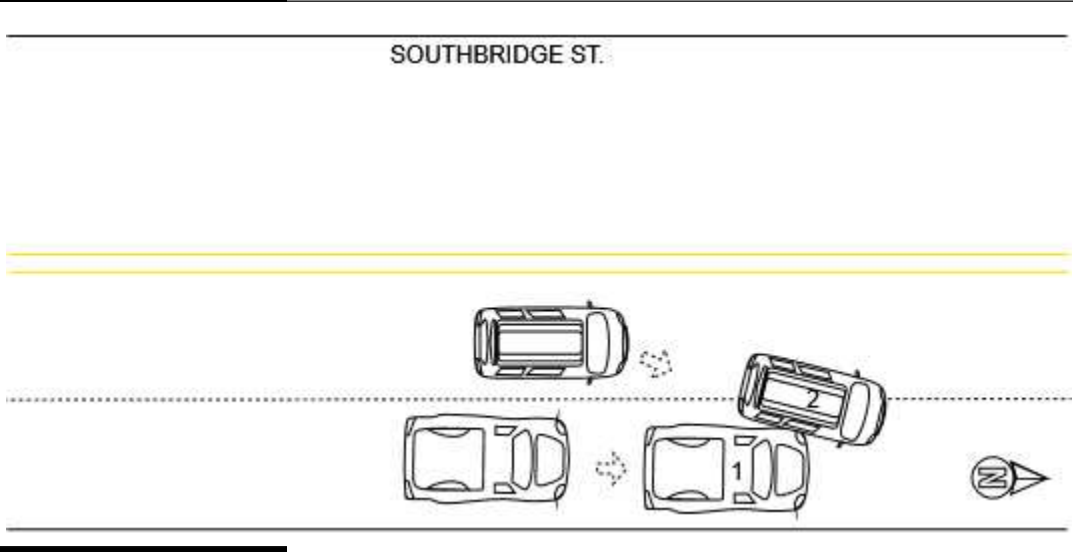
Please fill out for operator/non-motorist and all occupants involved

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	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	
SUZETE MANTHA	41 EVERETT AVE WEBSTER, MA 01570-1949	08/25/1967	F	3	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

Indicate Direction with Arrow



Crash Narrative:

WHILE TRAVELING NORTH ON SOUTHBRIDGE ST. VEHICLE 2 ATTEMPTED TO MERGE INTO THE RIGHT LANE WITHOUT YIELDING TO VEHICLE 1. VEHICLE 2 STRUCK VEHICLE ONE IN THE RIGHT LANE.

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 Brandyn J Geldart

Police Officer Name (Please Print)

Signature

86BG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/12/2023

Date