

Date of Crash **09/25/2023** Time of Crash **0822** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** 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# **103** Direction _____ Address # **MILLBURY ST** Name of 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# **23-322-AC**

License # **S73070204** St **MA** DOB/Age **01/04/1977** Reg # **8CWJ40** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2016** Veh Make **MAZDA** Veh Config. **1 21**
 Operator **DEMAIN, RITCHIE M** Owner **DEMAIN, RITCHIE M**
 Address **11 CAMDEN AVE** Address **11 CAMDEN AVE**
 City **WORCESTER** State **MA** Zip **01604-3330** City **WORCESTER** State **MA** Zip **01604-3330**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **N X 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: **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
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

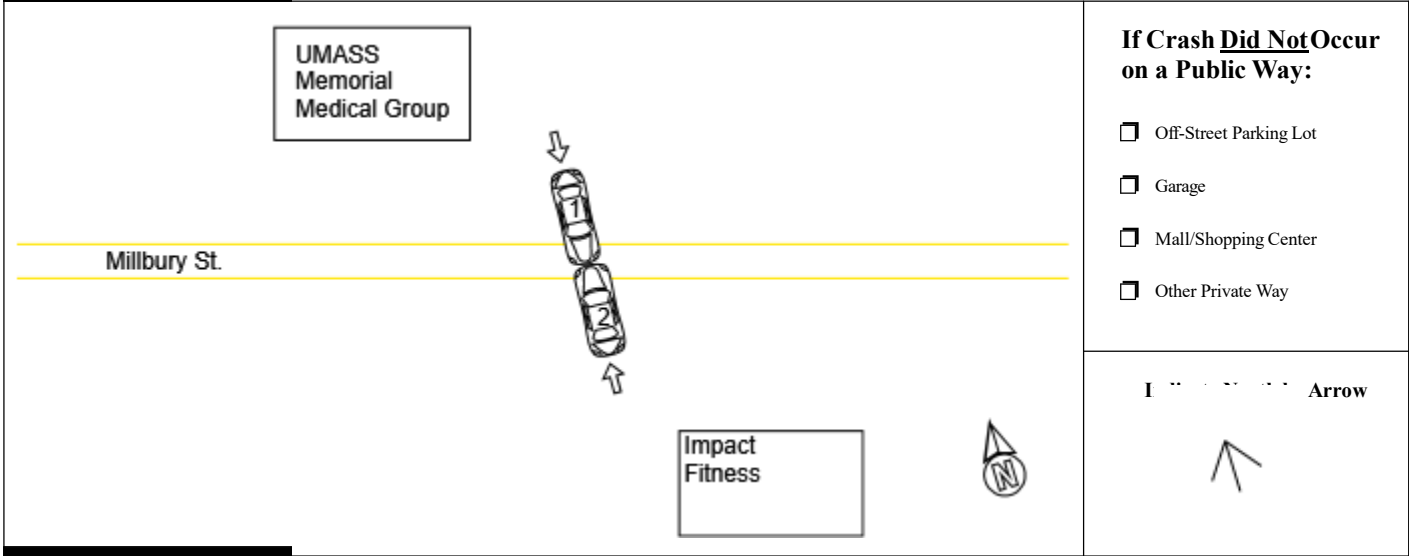
License # **S79913652** St **MA** DOB/Age **03/29/1980** Reg # **T62675** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL _____ Veh Year **2019** Veh Make **TOYOTA** Veh Config. **1 21**
 Operator **NDILLE, FRANKLIN KOGE JR** Owner **ROYALE CARE**
 Address **707 SALISBURY ST** Address **330 SOUTHWEST CUTOFF APT E 10**
 City **WORCESTER** State **MA** Zip **01609-1122** City **WORCESTER** State **MA** Zip **01604-2730**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **X 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**
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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	See Above	XXXXXX	XXXX	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

Impact Arrow



Crash Narrative:

Vehicle 1 turned left out of UMASS Memorial Medical Group parking lot at 103 Millbury St. to head eastbound on Millbury St. Vehicle 2 turned left out of Impact Fitness located at 314 Washington St. to head westbound on Millbury St. The vehicles collided head on in the middle of the roadway. Both vehicles were driven from the scene. Both parties stated no injuries and declined medical attention.

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** 09/25/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date