	Police Use Only	Com	Commonwealth of Massachusetts RMV Document Number							
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limi	50	State Police Local Police MBTA Police	1
	09/27/2023 1332 Au	burn	Police	Report	2	0	Latitude Longitude _		Campus Police	
	AT INTERSEC	CTION:	< LOCA	TION >		NOTA	Г INTEF	SECT	TION:	1
										<b>2</b> <sup>10</sup>
	Route# Direction	Name of Roadway/S	treat	Route# Direction	300 Address #	WASE	IINGTC	<b>DN S</b> f Roadwar		
<sup>1</sup> <b>1</b>		At						I KOadwa	y/succi	-
				Feet N S	E W of	 Mile Ma	- • -	- or	Exit Number	
	Route# Direction	Name of Intersecting Road	-	Feet N S	F W of	white with	urkei			<b>4</b> <sup>11</sup>
		Also at Intersection v	viui	Feet N S		Route#	Inter	secting R	oadway/Street	
<sup>2</sup> 1	Route# Direction	Name of Intersecting Road	way/Street	Feet	12 11 01		T	andmark		
	Please Select One Valiate 1					20				1
3	of the Following:	#OccupantsHi	t/Run Moped	Crash Report	ID# <b>Z</b> 3	-32	4 - A(	,		1
		MA DOB/Age 02/	29/1960 Reg	# <u>2CHF82</u>		Reg Type	<u>PC</u>	Reg		12
	Sex <u>M</u> Lic. Class D L	ic. Restrictions <b>1</b>	CDL Veh ` Endorsement	Year <b>2005</b>	Veh Make <u></u>	ISSAN		Veh C	Config. <b>1</b>	1
	Operator BERNAZAR, LU			er BERNAZAR	LUIS	<b>A</b> First		Mide		
<sup>4</sup> 1	Address 99 CHATHAM ST			ess <u>99 CHATH</u>	AM ST	First		Midd	11e	
	City WORCESTER 5	State <b>MA</b> Zip <b>0160</b>	<b>9–2028</b> City.	WORCESTER		Sta	ate <b>MA</b>	Zip <b>01</b>	609-2028	
	Insurance Company <b>PLYMOUTH</b>	ROCK ASSUR	ANCE C Vehic	cle Action Prior to Crash	2	22 D	amaged Area	Code:	3 <sup>27</sup> 4 <sup>27</sup> 97 <sup>27</sup>	
	Vehicle Travel Direction: N S	W Responding to Emer	rgency? <u>2</u> Even	t Sequence 1 23	23 23	23 T	est Status:	1		
5	Citation # (If Issued)		Most	Harmful Event <b>1</b>	24		ype of Test:	.	29	
	Viol. 1: Ch/Sec/Sub		Drive	er Contributing Code	1 <sup>25</sup>	25	AC Test Res		Susp. Drug: 2 32	<b>1</b> <sup>13</sup>
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		owed from so		22	±
<sup>6</sup> 1		pperator and all occupants in			34 35	36 37	38 39	40	2	ļ
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injur Code Statu	7 Transp. 6 Code	Medical Facility	-
	Operator		See Above		1 1	4 0	0 10	1		
										1
										1
	Please Select One			15 16		17	18			1
<sup>7</sup> 1	of the Following:	#Occupants No	n-Motorist A Type	Action	Location	Condi	tion	ЦЦн	it/Run Moped	
	License # <b><u>\$35558358</u></b> S	<b>MA</b> DOB/Age 05/	27/1971 Reg	<u>v78086</u>		Reg Type	e <b>CO</b>	Reg		1
	Sex <u>M</u> Lic. Class D L			Year <b>2015</b>	Veh Make <b>F</b>	ORD		Veh C	Config. <b>97</b> <sup>21</sup>	
	Operator SALCEDO, OSC		Endorsement Own	er SALCEDO,	OSCAR	A		Mide		
<sup>8</sup> 2	Address 37A SCHOFIELI	AVE		ess 37A SCHO	FIELD	First AVE		Mide	lle	
	City DUDLEY S	State <u>MA</u> Zip 0157	<b>1-3343</b> City.	DUDLEY		Sta	ate <b>MA</b>	Zip_ <b>01</b>	<u>571-3343</u>	<b>1</b> <sup>14</sup>
	Insurance Company GREEN MO	UNTAIN INSU	RANCE Vehic	cle Action Prior to Crash	1	22 D	amaged Area	Code:	7 <sup>27</sup> 97 <sup>27</sup> 0 <sup>27</sup>	
	Vehicle Travel Direction: N S	W Responding to Emer	rgency? <u>2</u> Even	t Sequence $\begin{bmatrix} 23 \\ 1 \end{bmatrix}$	23 23	23 T	est Status:	1	28	
	Citation # (If Issued)		Most	Harmful Event 1	24		ype of Test:	_	29	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub			er Contributing Code	<b>19</b> <sup>25</sup>	25	AC Test Res		30 Same Dave 32	
L				er Distracted by <b>99</b>			usp. Alcohol: owed from so		Susp. Drug: 2 32	
		r/non-motorist and all occup		<b>3</b>	34 35	36 37	38 39	40		ļ
	Name (Last First Middle)	-	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injur Code Statu	Transp. Code	Medical Facility	-
	<b>Operator/Non-Motor</b>	rist	See Above		1 1	4 0	0 10	1		
								+		1
								+		1

<b>Crash Diagram:</b>	$= Vehicle 1 \qquad 2 = Vehicle 2 \qquad 9 = Pedestrian$	ॐउ = Bicycle ▶ ॐउ	
250 Washi	ngton Street	If Crash <u>Did Not</u> on a Public Way:	Dccur
	Ç) ↔	Off-Street Parking Lot     Garage     Mall/Shopping Center     Other Private Way	
Crash Narrative: Vehicle 1 was traveling eastbound on H	Route 20 (Washington Street) and Veh.	icle 2 was	
traveling in the same direction behind	-		
to take a left into the parking lot of	250 Washington Street. The operat	or of Vehicle 2	
stated "he did not notice in time" and	d swerved at the last minute to att	empt to avoid	
hitting Vehicle 1. Vehicle 2 hit the p	right side of Vehicle 1 while it wa	s waiting to take	
a left.			
Witnesses:	L	<b>N</b> //	<b>C</b> (1)
Name (Last,First,Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)         Address         Phone #         41-Type         Description of Damaged Property           Image: Comparison of Damaged Property         Image: Comparison of Damaged Property         Image: Comparison of Damaged Property         Image: Comparison of Damaged Property           Image: Comparison of Damaged Property         Image: Comparison of Damaged Property         Image: Comparison of Damaged Property         Image: Comparison of Damaged Property           Image: Comparison of Damaged Property         Image: Comparison of Damaged Property         Image: Comparison of Damaged Property         Image: Comparison of Damaged Property           Carrier Name         Registration #	Property Damage:								
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:       47       48       49	Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property				
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:       47       48       49									
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:       47       48       49									
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:       47       48       49									
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:       47       48       49									
Carrier Name Bus Use     Address        Address     City     St     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 State   Reg Year   Trailer Length     46     Hazmat Information:     47     48     49	Truck and Bus Information:								
Address		5		e Beetion)					
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: 19	Carrier Name				Bus Use				
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: 19	Address		City		St Zin				
Interstate     43     Cargo Body Type Code     44     GVWR/GCWR     45       Trailer Reg #:	/ Kulless		City		5t 2ip				
Interstate Cargo Body Type Code GVWR/GCWR Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information:	US DOT #:	State Number	Issuing State	MC/MX	/ICC #:				
Trailer Reg #:  Reg Type    Reg State  Reg Year    Trailer Length      46      Hazmat Information:      47      48			45						
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information:	Interstate Cargo Body Typ	e Code GVWR/GCWR							
Hazmat Information:	Trailer Reg #:	Reg Type Reg State	Reg Year	Tra	iler Lenoth				
		0	2	110					
Placard Material 1 digit # Material Name Material 4 digit # Release code		49			40				
		48 Material Name	1	Material 4 di	git #Release code				
Patrolman Rachel B Crowley 92RC Auburn Police Department 09/27/2023									