

Date of Crash **10/02/2023** Time of Crash **1601** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **5** 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# **711** Direction \_\_\_\_\_ Address # **SOUTHBRIDGE 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# **23-329-AC**

License # **S20641605** St **MA** DOB/Age **04/15/1952** Reg # **SB47830** Reg Type **BU** Reg State **MA**

Sex **M** Lic. Class **B 19 19** Lic. Restrictions **1 20** CDL Endorsement \_\_\_\_\_ Veh Year **2021** Veh Make **DODGE** Veh Config. **4 21**

Operator **CARACCILO, JAY A** Owner **A A TRANSPORTATION CO INC**

Address **54 CONLIN RD** Address **605 HARTFORD TPKE**

City **OXFORD** State **MA** Zip **01540-1403** City **SHREWSBURY** State **MA** Zip **01545-4103**

Insurance Company **NATIONAL INTERSTATE INSUR** Vehicle Action Prior to Crash **3 22** Damaged Area Code: **0 27 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **2 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **18 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: 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>XXXXXX</del>	<del>XXXX</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 # **61AR30** Reg Type **PC** Reg State **MA**

Sex \_\_\_\_\_ Lic. Class **B 19 19** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2009** Veh Make **HONDA** Veh Config. **1 21**

Operator **Driverless M.V.** Owner **LEMPICKI, BARBARA A**

Address \_\_\_\_\_ Address **9 NEWTON AVE**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **OXFORD** State **MA** Zip **01540-1229**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **1 27 2 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? \_\_\_\_\_ Event Sequence **1 23 23 23 23** Test Status: **1 28**

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Towed from scene? **2 33**

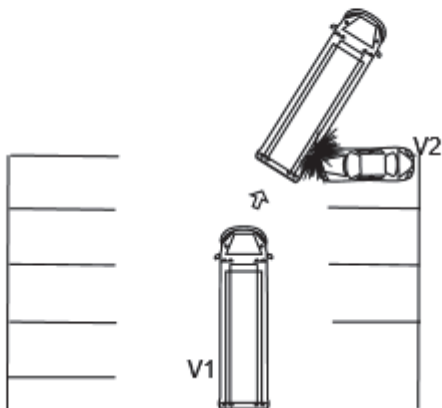
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>10</b>	<b>5</b>	<b>3</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ⚡

Tj Maxx  
711 Southbridge Street  
Auburn, Ma 01501



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

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

↑ Arrow



**Crash Narrative:**

V1 was traveling through the parking lot of 711 Southbridge Street. V1 attempted to take a right hand turn in front of Tj Maxx when the rear tire side swiped the front corner of V2. V2 was parked in the first parking spot in front of Tj Maxx.

**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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/02/2023

Date