

# Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash <b>11/09/2023</b>	Time of Crash <b>1534</b> 24HR	City/Town <b>Auburn</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles <b>2</b>	Number Injured <b>0</b>	Speed Limit <b>30</b>	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____		Route# <b>306</b> Direction _____ Address # <b>BRYN MAWR AVE</b> Name of Roadway/Street _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____		_____ Feet <b>N S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____	
		_____ Feet <b>N S E W</b> of _____ Landmark _____	

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  
Crash Report ID# **23-373-AC**

License # <b>S12645485</b> St <b>MA</b> DOB/Age <b>03/19/2000</b>	Reg # <b>4TYE31</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D 19 19</b> Lic. Restrictions <b>1 20</b> CDL _____ Endorsement _____	Veh Year <b>2016</b> Veh Make <b>VOLKSWAGEN</b> Veh Config. <b>1 21</b>
Operator <b>DESCHENE, MAX R</b> Last First Middle	Owner <b>DESCHENE, MAX R</b> Last First Middle
Address <b>36 ELBRIDGE RD</b>	Address <b>36 ELBRIDGE RD</b>
City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-1850</b>	City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-1850</b>
Insurance Company <b>SAFETY INSURANCE COMPANY</b>	Vehicle Action Prior to Crash <b>1 22</b> Damaged Area Code: <b>1 27 8 27 27</b>
Vehicle Travel Direction: <b>N S E X</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1 24</b> Type of Test: <b>1 29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>11 25 25</b> BAC Test Result: <b>1 30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>4 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
	Towed from scene? <b>1 33</b>

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>X</del>	<b>1</b>	<b>1</b>	<b>1</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

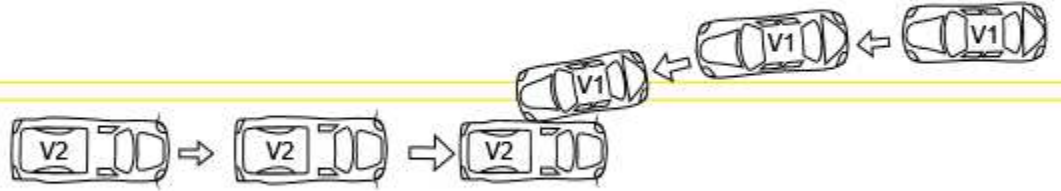
License # <b>S58763483</b> St <b>MA</b> DOB/Age <b>11/24/1984</b>	Reg # <b>3THF66</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D 19 19</b> Lic. Restrictions <b>1 20</b> CDL _____ Endorsement _____	Veh Year <b>2018</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1 21</b>
Operator <b>MORAGA, HARRY J</b> Last First Middle	Owner <b>MORAGA, HARRY J</b> Last First Middle
Address <b>279 OXFORD STREET NO</b>	Address <b>279 OXFORD STREET NO</b>
City <b>AUBURN</b> State <b>MA</b> Zip <b>01501</b>	City <b>AUBURN</b> State <b>MA</b> Zip <b>01501</b>
Insurance Company <b>THE COMMERCE INSURANCE CO</b>	Vehicle Action Prior to Crash <b>1 22</b> Damaged Area Code: <b>7 27 8 27 6 27</b>
Vehicle Travel Direction: <b>N S X W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1 24</b> Type of Test: <b>1 29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>1 25 25</b> BAC Test Result: <b>1 30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
	Towed from scene? <b>1 33</b>

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>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ☺



302 Bryn Mawr

**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 eastbound on Bryn Mawr. The operator of V1 was was distracted by the car radio and began drifting into the other lane. V1 crossed the line and crashed into the side of V2. V2 was traveling westbound when V1 crashed into them. There were no injuries reported and both vehicles were towed by Dizenzo's.

**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 Jason P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/09/2023

Date