

Date of Crash **12/15/2023** Time of Crash **1452** 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# **700** Direction _____ Address # **SOUTHBRIDGE ST** Name of Roadway/Street _____

Feet **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# **23-426-AC**

License # **S10663290** St **MA** DOB/Age **04/14/2002** Reg # **6NR361** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2008** Veh Make **VOLVO** Veh Config. **1** **21**

Operator **MARTINS, JACK TABOR** Owner **MARTINS, JOHN ANTHONY**

Address **124 BRANDT ISLAND RD** Address **124 BRANDT ISLAND RD**

City **MATTAPOISETT** State **MA** Zip **02739-1789** City **MATTAPOISETT** State **MA** Zip **02739-1789**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **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? **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 # **30529872** St **RI** DOB/Age **03/03/1968** Reg # **5E** Reg Type **DLN** Reg State **MA**

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2024** Veh Make **CHEVROLET** Veh Config. **1** **21**

Operator **CONSTANTINO, FRANK D** Owner **DIAMOND CHEVROLET**

Address **10 EXCHANGE CT** Address **WASHINGTON ST**

City **PAWTUCKET** State **RI** Zip **02860** City **AUBURN** State **MA** Zip _____

Insurance Company **ACADIA INSURANCE** Vehicle Action Prior to Crash **6** **22** Damaged Area Code: **1** **27** **27** **27**

Vehicle Travel Direction: **N** **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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** **25** **25** BAC Test Result: **1** **30**

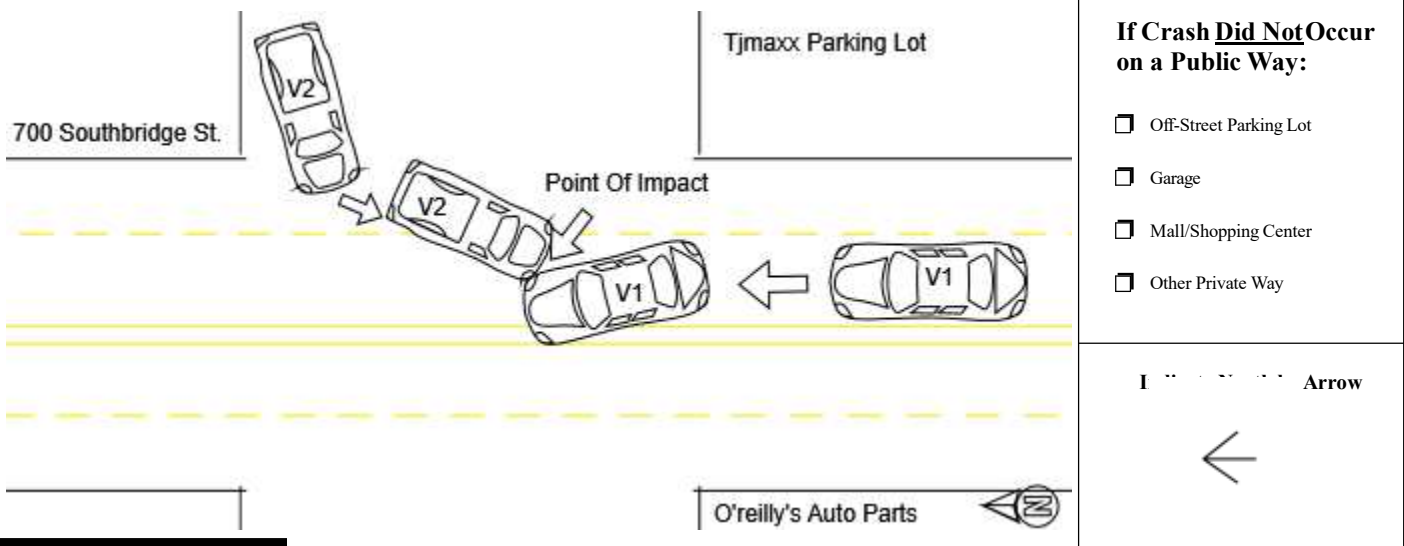
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **2** **33**

Please fill out for operator/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	

Crash Diagram:



Crash Narrative:

V1 was traveling northbound on Rte 12 (Southbridge Street). V2 was making a left hand turn across 4 travel lanes when it crashed into V1. V2 stated they did not see V1 due to a heavy traffic flow. V1 was towed from the scene by Dorenzo's. No injuries reported.

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 88JB Auburn Police Department 12/15/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date