

Date of Crash **03/10/2024** Time of Crash **1104** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **10** 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# **777** Direction _____ Address # **WASHINGTON 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 _____ **PARKING LOT OF BJ'S** Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **24-83-AC**

License # **S42974626** St **MA** DOB/Age **01/21/1977** Reg # **893YL6** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2020** Veh Make **KIA** Veh Config. **1**
 Operator **WALSH, MICHAEL J** Owner **WALSH, TRICIA M**
 Address **48 SLATER ST** Address **48 SLATER ST**
 City **WEBSTER** State **MA** Zip **01570-2357** City **WEBSTER** State **MA** Zip **01570-2357**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **11** Damaged Area Code: **3**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**
 Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2**

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	10	5	3	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

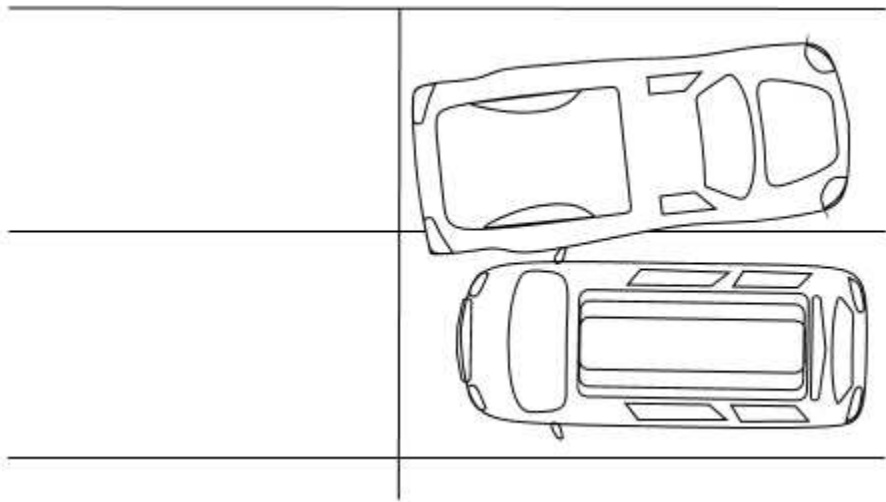
License # **S77472946** St **MA** DOB/Age **07/12/1981** Reg # **5NB166** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2018** Veh Make **CHEVROLET** Veh Config. **1**
 Operator **KUNHARDT, EDGARD AQUILES** Owner **KUNHARDT, EDGARD AQUILES**
 Address **66 S MAIN ST** Address **66 S MAIN ST**
 City **MILLBURY** State **MA** Zip **01527-3149** City **MILLBURY** State **MA** Zip **01527-3149**
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** Damaged Area Code: **99**
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**
 Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **97** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **99** Susp. Drug: **99**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2**

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	99	99	99	99	99	99	

➔ = Direction [1] = Vehicle 1 [2] = Vehicle 2 [Person] = Pedestrian [Bicycle] = Bicycle

ie: ➔ [1] ➔ [2] ➔ [Person] ➔ [Bicycle]

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

I _____ Arrow



Crash Narrative:

On March 10, 2024, I was dispatched to the parking lot of BJ's for a hit and run accident. The operator of vehicle one advised me that he came out of the store and there was a golf ball size dent on the rear right quarter panel of his car. Upon further examination, his mirror was turned around and there was a scratch on the passenger door. After reviewing the video footage, I obtained the other vehicle's information as well as video footage of the truck pulling forward, backing up and then sitting there for 20 seconds before departing. I spoke with the owner of the vehicle who stated "it could have been me" in reference to hitting the car and admitted to having a new scratch on his mirror and passenger door. The owner of the vehicle continually stated "well, it could have been me."

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 Dominic J Walker

Police Officer Name (Please Print)

Signature

87DW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

03/10/2024

Date