

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **03/19/2024** Time of Crash **1507** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 325 Direction _____ Address # OXFORD STREET NO Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ 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# 24-93-AC**

License # **109608574** St **CT** DOB/Age **10/10/1989** Reg # **NONE** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **MERCEDES-BENZ** Veh Config. **97 21**
 Operator **JULIAN, SETH ANTHONY** Owner **US GOVERNMENT**
 Address **130 CRANBERRY BOG RD** Address _____
 City **KILLINGLY** State **CT** Zip **06239** City _____ State _____ Zip _____
 Insurance Company **SELF INSURED** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **7 27 27 27**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **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
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

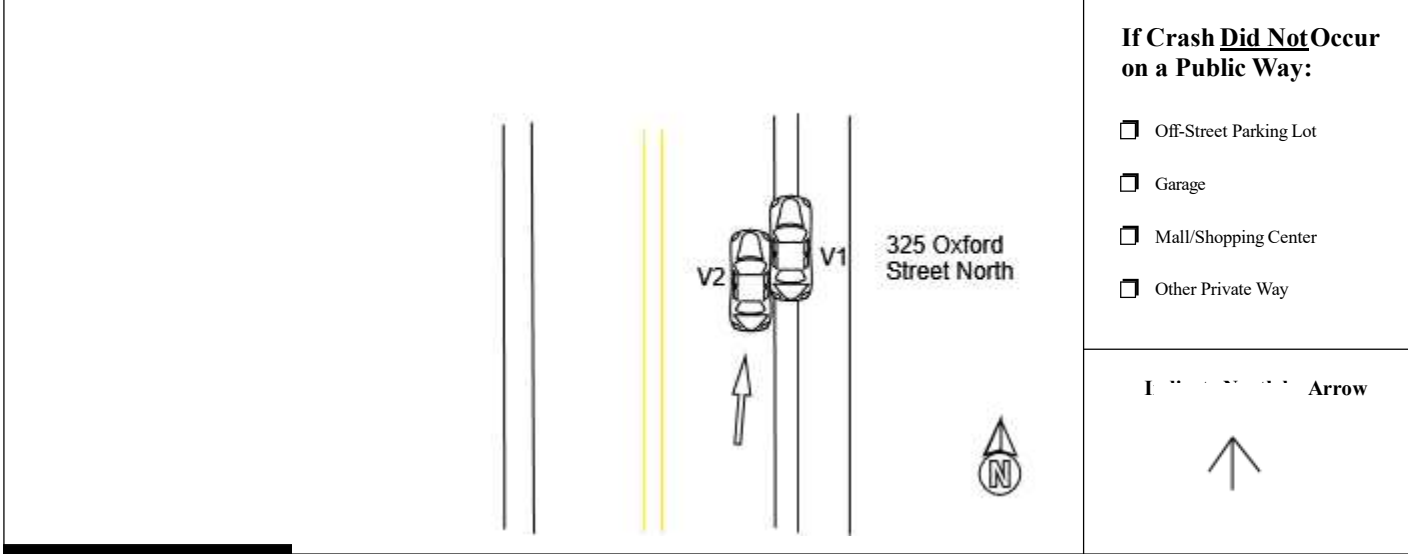
License # **S50852082** St **MA** DOB/Age **03/07/1955** Reg # **1ELL43** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **CHEVROLET** Veh Config. **1 21**
 Operator **LAVIN, KEVIN D** Owner **LAVIN, KEVIN D**
 Address **22 AVERY RD** Address **22 AVERY RD**
 City **HOLDEN** State **MA** Zip **01520-1234** City **HOLDEN** State **MA** Zip **01520-1234**
 Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **3 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) **T3356614** Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **97 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **1 31** Susp. Drug: **32**
 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
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	

➡ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ○ = Pedestrian 🚲 = Bicycle

Crash Diagram:

ie: ➡ [1] ➡ [2] ➡ ○ ➡ 🚲



Crash Narrative:

V1, a Post Office mail delivery van, was parked on the side of the road with its crane hazard lights flashing while delivering on its route. V2 then side swiped V1 and failed to stop and identify itself. Later V2 would drive by V1 multiple times but failed to again stop and identify. Several hours later V2 was found at a nearby gas station with damage consistent with the crash on Oxford Street North. On a separate report (OF-323-24) the operator of V2 is charged with OUI Liquor. For this incident the operator of V2 is charged with Leaving the Scene, Property Damage (V1).

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 Matthew Laskes
Police Officer Name (Please Print)

Signature

72ML
ID/Badge #

Auburn Police Department
Department Precinct/Barracks

03/19/2024
Date