

Date of Crash **04/02/2024** Time of Crash **1511** 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# **712** 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# **24-99-AC**

License # **S19971377** St **MA** DOB/Age **06/11/1962** Reg # **2RSX81** Reg Type **PC** Reg State **MA**

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

Operator **MCDONALD, MARK ANDREW ROBERT** Owner **MCDONALD, MARK ANDREW ROBERT**

Address **83 HAMMOND HILL RD** Address **83 HAMMOND HILL RD**

City **CHARLTON** State **MA** Zip **01507-1523** City **CHARLTON** State **MA** Zip **01507-1523**

Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **8 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 **99 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 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
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 # **S50038425** St **MA** DOB/Age **05/22/1967** Reg # **6PJH70** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2020** Veh Make **JEEP** Veh Config. **1 21**

Operator **LEMENAGER, TAMMY LEE** Owner **LEMENAGER, TAMMY LEE**

Address **19 WOODCHUCK LN** Address **19 WOODCHUCK LN**

City **SPENCER** State **MA** Zip **01562-1926** City **SPENCER** State **MA** Zip **01562-1926**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **8 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 **99 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

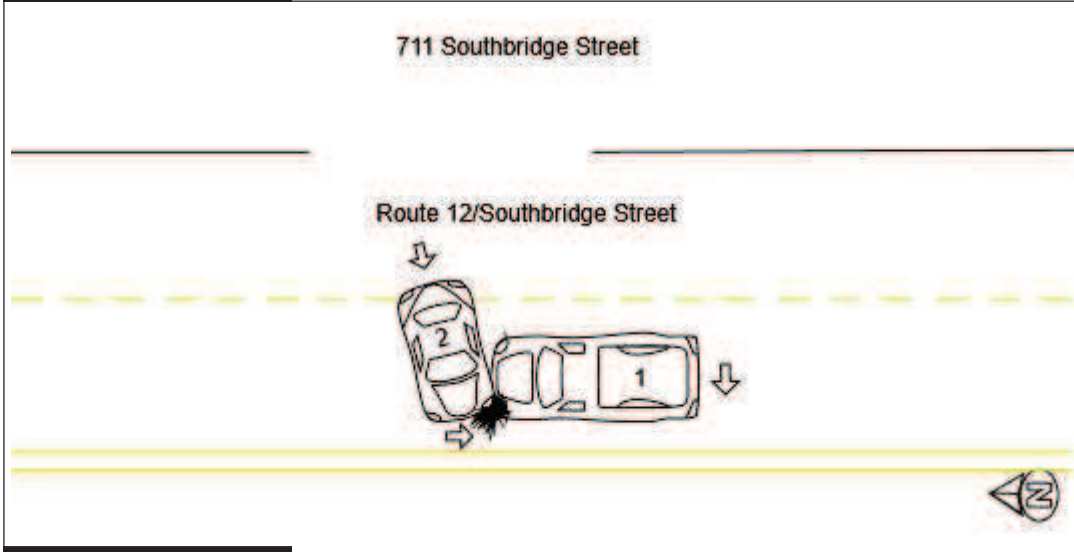
Towed from scene? **2 33**

Please fill out for operator/non-motorist and all occupants involved		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	

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

Crash Diagram:

ie: → 1 → 2 → ○ → 🚲



If Crash Did Not Occur on a Public Way:

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

Indicate Direction of Arrow



Crash Narrative:

Operator of Vehicle 1 stated he was stopped on Route 20 northbound waiting to take a left into the O'Reilly's parking lot (700 Southbridge Street) when Vehicle 2 pulled out of the TJ Maxx (711 Southbridge Street) parking lot, attempting to take a left, and collided with the left front bumper of Vehicle 1. The operator of Vehicle 2 stated she looked both left and right and did not see Vehicle 1. The operator pulled out of the TJ Maxx parking lot to travel on Route 20 southbound and collided with Vehicle 1.

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 Rachel B Crowley

Police Officer Name (Please Print)

Signature

92RC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/02/2024

Date