

Date of Crash **01/07/2025** Time of Crash **1536** 24HR City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **5** 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# **460** 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 _____ **PARKING LOT OF READYMED** Landmark _____

Please Select One of the Following: Vehicle **10** #Occupants Hit/Run Moped Crash Report ID# **25-11-AC**

License # _____ St _____ DOB/Age _____ Reg # **9XK738** Reg Type **PAN** Reg State **MA**
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2021** Veh Make **LINCOLN** Veh Config. **2 21**
 Operator **Driverless M.V.** Owner **HOMAN, RICHARD C**
 Address _____ Address **56 MCCRACKEN RD**
 City _____ State _____ Zip _____ City **MILLBURY** State **MA** Zip **01527-1525**
 Insurance Company **SAFECO INSURANCE COMPANY** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ 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: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 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	X	X	1	0	5	3	0	10	97

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____ Reg # **unknown** Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **2 21**
 Operator **unknown** Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **10 22** Damaged Area Code: **99 27 27 27**
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Operator/Occupants		See Above	X	X	1	99	99	0	0	99	99

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

Crash Diagram:

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

Ready Med



If Crash Did Not Occur on a Public Way:

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



Parking Lot

↓ Arrow



Crash Narrative:

On January 7, 2025, I spoke with a male party, Richard Homan, regarding a hit and run accident that occurred on January 6, 2025 in the parking lot of Ready Med located at 460 Southbridge Street. Richard stated he was approached by an employee who stated someone just hit his vehicle. A party in the parking lot took a picture of a newer model Toyota Tacoma, grey, that backed out of its spot and struck the front hood of Richards vehicle. See 25-28-OF for more information.

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 87DW Auburn Police Department 01/07/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date