

Police Use Only			Commonwealth of Massachusetts						RMV Document Number					
Date of Crash 04/07/2023		Time of Crash 2013 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:						
<div>14</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>210</div> <div>12 S 754 SOUTHBRIDGE ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of . or</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>								
						<div>311</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>								
						<div>3</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>								
						<div>3</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>								
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 23-120-AC						
License # S25627978 St MA DOB/Age 11/03/1980						Reg # 1SSP62 Reg Type PAN Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2009 Veh Make HONDA Veh Config. 1 21								
Operator ROSARIO, GISELY Last First Middle						Owner SANCHEZ-MARTINEZ, KRISTALIZ MARIE Last First Middle								
Address 170 WORCESTER ST APT 3						Address 58 VERNON ST APT 1L								
City SOUTHBRIDGE State MA Zip 01550-3310						City WORCESTER State MA Zip 01610-1952								
Insurance Company PERMANENT GENERAL ASSURAN						Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 3 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 3 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26								
Please fill out for operator and all occupants involved						Vehicle Action Prior to Crash 1 22								
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						Damaged Area Code: 2 27 9 27 27								
Operator See Above						Test Status: 1 28								
						Type of Test: 29								
						BAC Test Result: 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 32								
						Towed from scene? 1 33								
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #Occupants		<input checked="" type="checkbox"/> Non-Motorist A		Type 1 15 Action 1 16 Location 4 17 Condition 6 18		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped				
License # S19267995 St MA DOB/Age 10/15/1975						Reg # ***** Reg Type PAN Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21								
Operator MACLEAN, JESSICA D Last First Middle						Owner Last First Middle								
Address 70 WEST ST						Address								
City AUBURN State MA Zip 01501-1302						City State Zip								
Insurance Company						Vehicle Action Prior to Crash 22								
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26								
Please fill out for operator/non-motorist and all occupants involved						Vehicle Action Prior to Crash 22								
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						Damaged Area Code: 27 27 27								
Operator/Non-Motorist See Above						Test Status: 28								
						Type of Test: 29								
						BAC Test Result: 30								
						Susp. Alcohol: 31 Susp. Drug: 32								
						Towed from scene? 33								

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

See CEMLEC Reconstruction diagram

If Crash Did Not Occur on a Public Way:

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

↑ Arrow



Crash Narrative:

Pedestrian was crossing in the area of 754 Southbridge Street (Route 12) from the northbound side to the southbound side. M/V #1 traveling southbound in the right travel lane when contact was made with pedestrian in roadway. See crash reconstruction report for further detail.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MARRIER WILLIAM J	122 HARRINGTON LN Apt. #1 EAST BROOKFIELD MA 0151		

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 Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/07/2023

Date