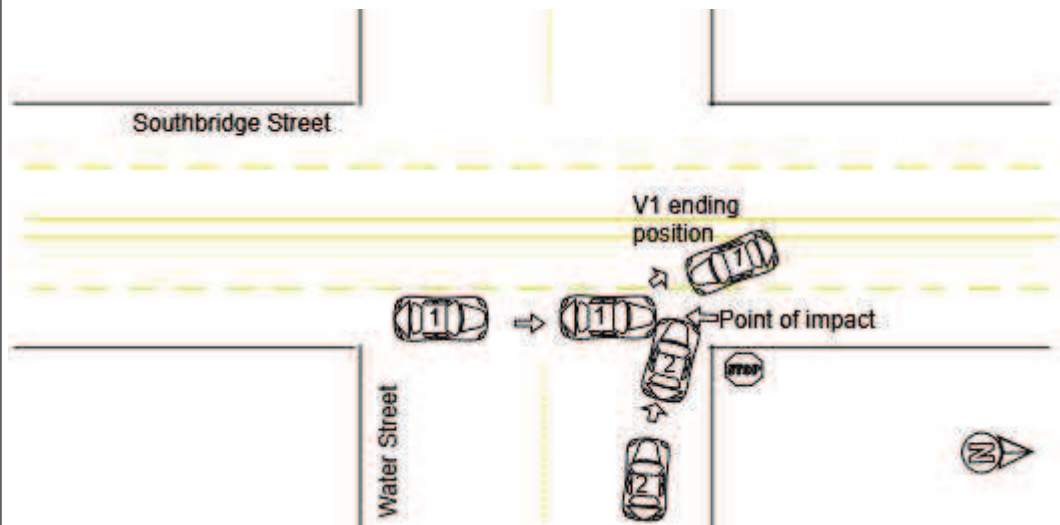


Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 04/12/2023		Time of Crash 1503 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 2	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
SOUTHBRIDGE ST																
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street										
At																
WATER ST																
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of or Mile Marker Exit Number										
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street										
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Landmark										
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# 23-123-AC								
License # S14226487 St MA DOB/Age 06/04/2002						Reg # 4NNS18 Reg Type PAN Reg State MA										
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2014 Veh Make HONDA Veh Config. 1 21										
Operator BORELLI, AYVA JEAN						Owner BORELLI, PAMELA JEAN										
Last First Middle						Last First Middle										
Address 44 WOODLAND RD						Address 44 WOODLAND RD										
City AUBURN State MA Zip 01501-2147						City AUBURN State MA Zip 01501-2147										
Insurance Company THE HANOVER INSURANCE COM						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27										
Vehicle Travel Direction: X 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 1 25 25 BAC Test Result: 1 30										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32										
Please fill out for operator and all occupants involved						Towed from scene? 1 33										
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																
Operator See Above						1 1 3 0 0 1 1										
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Non-Motorist A		Type 15 Action 16 Location 17 Condition 18		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped						
License # S08712797 St MA DOB/Age 09/06/1955						Reg # 5VP113 Reg Type PAN Reg State MA										
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2021 Veh Make NISSAN Veh Config. 1 21										
Operator ROBERTSON, ELIZABETH K						Owner ROBERTSON, GUNNAR A JR										
Last First Middle						Last First Middle										
Address 2 ERICSSON ST APT 3						Address 2 ERICSSON ST APT 3										
City WORCESTER State MA Zip 01606-2308						City WORCESTER State MA Zip 01606-2308										
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 3 22 Damaged Area Code: 1 27 2 27 8 27										
Vehicle Travel Direction: N S E X 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 4 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										
Please fill out for operator/non-motorist and all occupants involved						Towed from scene? 1 33										
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																
Operator/Non-Motorist See Above						1 1 4 0 0 1 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

Direction of Travel Arrow



Crash Narrative:

Vehicle #1 was traveling northbound on Southbridge Street (public way). Vehicle #2 was traveling westbound on Water Street (public way) and was at a stop sign attempting to turn onto Southbridge Street. Vehicle #2 failed to yield to the right of way of on coming traffic and collided with vehicle #1. Both vehicles were towed from the scene by Dorenzo's

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MUNSON JAMIE L	15 HIGHLAND RD THOMPSON CT 06277		

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 ALEX K MYERS

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/12/2023

Date