

Date of Crash **05/08/2023** Time of Crash **1213** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **20** 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# **310** Direction _____ Address # **WASHINGTON 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 **12** #Occupants Hit/Run Moped Crash Report ID# **23-154-AC**

License # **47873848** St **TX** DOB/Age **12/28/2002** Reg # **3JSW18** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2016** Veh Make **NISSAN** Veh Config. **1 21**

Operator **DESSOURCES, PATRICE OLIVIER** Owner **JEAN, TATIANA**

Address **9449 BRIAR FOREST DR** Address **39 STEELE ST**

City **HOUSTON** State **TX** Zip **77063** City **WORCESTER** State **MA** Zip **01607-1545**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: **N X 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 _____ 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** 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	X	X	1	1	4	0	0	10	1
TATIANA JEAN	39 STEELE ST WORCESTER, MA 01607-1545	09/09/1977	F	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **147721907** St **CT** DOB/Age **02/28/1982** Reg # **73877A** Reg Type **APN** Reg State **CT**

Sex **M** Lic. Class **A 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2020** Veh Make _____ Veh Config. **10 21**

Operator **DELIC, MIHAD** Owner **RYDER TRUCK RENTAL**

Address **74 WATERS VIEW DR** Address **99 MURPHY RD**

City **WETHERSFIELD** State **CT** Zip **06109** City **HARTFORD** State **CT** Zip **06114**

Insurance Company **Ace American** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **5 27 27 27**

Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **29**

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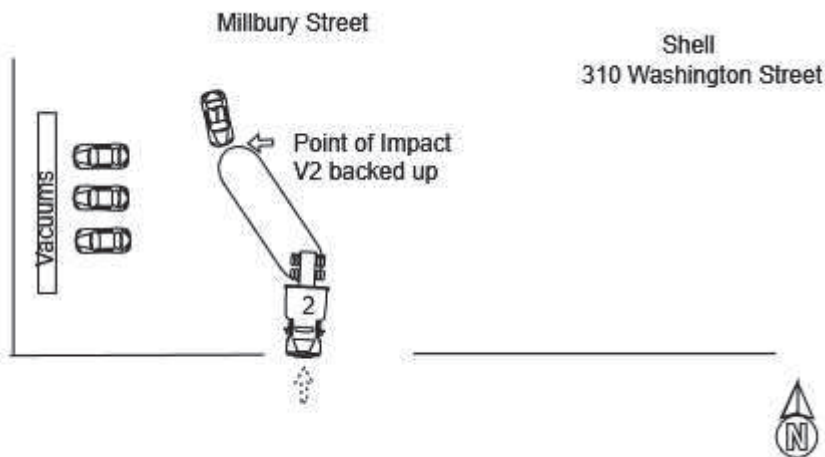
Towed from scene? **2 33**

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	X	X	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

↑ Arrow

Crash Narrative:

Vehicle 1 was stopped behind vehicle 2 in the parking lot of 310 Washington Street. V2 began backing up and struck 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 # **73877A** (From Vehicle Section)

Carrier Name **RYDER TRUCK RENTAL** Bus Use 42

Address **99 MURPHY RD** City **HARTFORD** St **CT** Zip **06114**

US DOT #: **19338** State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: **W13639** Reg Type **TRN** Reg State **CT** Reg Year **2023** Trailer Length 2 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrolman **Randy L McCarthy** Signature **78RM** ID/Badge # **Auburn Police Department** Department **05/08/2023** Date