

Date of Crash **08/11/2023** Time of Crash **1259** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# **1** Direction _____ Name of Roadway/Street **SWANSON RD** Address # _____ Name of Roadway/Street _____
 At _____
 Feet **N S E W** of _____ or _____
 Mile Marker _____ Exit Number _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Feet **N S E W** of _____
 Route# _____ Intersecting Roadway/Street _____
 Feet **N S E W** of _____
40 YARDS PRIOR TO RT 12
 Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-268-AC**

License # **S40680174** St **MA** DOB/Age **09/30/1999** Reg # **1BVH62** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____
 Operator **FERNANDEZ, BRIANNA CAROLYN** Owner **FERNANDEZ, BRIANNA CAROLYN**
 Address **120 RODNEY ST** Address **120 RODNEY ST**
 City **WORCESTER** State **MA** Zip **01605** City **WORCESTER** State **MA** Zip **01605**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **6** **22** Damaged Area Code: **1** **27** **2** **27** **8** **27**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**
 Citation # (If Issued) **NONE** 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: **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	XXXXXX	XXXX	1	99	4	0	0	10	1	DECLINED MEDICAL ASSISTANCE

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

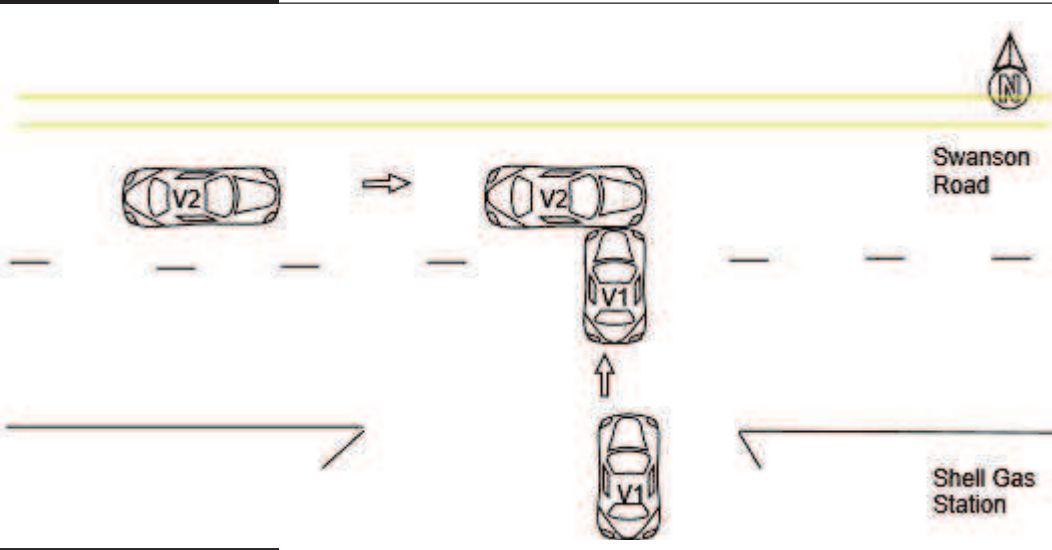
License # **S44561034** St **MA** DOB/Age **06/05/1945** Reg # **9DY100** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____
 Operator **MOORE, NATALIE ANN** Owner **MOORE, NATALIE ANN**
 Address **51 ALVARADO AVE APT 102** Address **51 ALVARADO AVE APT 102**
 City **WORCESTER** State **MA** Zip **01604-1171** City **WORCESTER** State **MA** Zip **01604-1171**
 Insurance Company **LIBERTY MUTUAL PERSONAL I** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **27** **27**
 Vehicle Travel Direction: **N S** **W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**
 Citation # (If Issued) **NONE** 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**
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 Towed from scene? **1** **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	99	4	0	0	10	1	DECLINED MEDICAL ASSISTANCE
DONNA SJOSTEN	12 BOSTON AVE WORCESTER, MA 016**	08/14/1946	F	3	1	4	0	0	10	1	DECLINED MEDICAL ASSISTANCE

→ = 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 2 (V2) was traveling eastbound on Swanson Road approaching the intersection of Rt 12. Vehicle 1 (V1) was exiting the parking lot of the Kane Shell gas station. Operator of V1 stated she was waved on by a non-involved vehicle. V1 collided with the right front wheel area of V2. V1 sustained damage to front bumper and hood area. V2 sustained damage to right front tire and axle area. V2 had to be towed from the scene. No injuries were reported by the 2 occupants of V2 and the 1 occupant of 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 # _____ (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]

Sergeant Justin D Starkus

Police Officer Name (Please Print)

Signature

58JS

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/11/2023

Date