

Date of Crash **10/09/2023** Time of Crash **0753** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **4** Number Injured **3** Speed Limit **40** 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# _____ Direction _____ Address # _____ 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 _____
AT SOUTH STREET
 Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-332-AC**

License # **A71196587302972** St **NJ** DOB/Age **02/21/1997** Reg # **N7ONEY** Reg Type **PC** Reg State **NJ**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **RAM** Veh Config. **2 21**
 Operator **AQUILINO, ROBERT L** Owner **AQUILINO, ROBERT L**
 Address **37 CLEMENS LN** Address **37 CLEMENS LN**
 City **TURNERSVILLE** State **NJ** Zip **08012** City **TURNERSVILLE** State **NJ** Zip **08012**
 Insurance Company _____ Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 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 **2 25 5 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 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	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

License # **S88766921** St **MA** DOB/Age **10/31/1965** Reg # **4MYG49** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2019** Veh Make **HONDA** Veh Config. **1 21**
 Operator **TRIPALDI, MONIQUE M** Owner **TRIPALDI, MONIQUE M**
 Address **144 MILLBURY AVE** Address **144 MILLBURY AVE**
 City **MILLBURY** State **MA** Zip **01527-3342** City **MILLBURY** State **MA** Zip **01527-3342**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **5 27 1 27 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 **1 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **3 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	1	4	0	0	●	●	██████████

Date of Crash 10/09/2023	Time of Crash 0753 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 4	Number Injured 3	Speed Limit <u>40</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ AT SOUTH STREET Landmark _____

Please Select One of the Following: Vehicle 3 #Occupants Hit/Run Moped
Crash Report ID# **23-332-AC**

License # S85100123 St MA DOB/Age 10/03/2001 Sex F Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 20 CDL _____ Operator SIMPKINS, MARIA C Address 61B TRAHAN AVE City WORCESTER State MA Zip 01604-2353 Insurance Company THE COMMERCE INSURANCE CO	Reg # 8DV630 Reg Type PAN Reg State MA Veh Year 2015 Veh Make TOYOTA Veh Config. 1 Owner SIMPKINS, REGINA MARIA Address 61B TRAHAN AVE City WORCESTER State MA Zip 01604-2353 Vehicle Action Prior to Crash 2 <u>22</u> Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event 1 <u>24</u> Driver Contributing Code 1 <u>25</u> <u>25</u> Driver Distracted by 0 <u>26</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Damaged Area Code: 1 <u>27</u> <u>27</u> <u>27</u> Test Status: 1 <u>28</u> Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 <u>31</u> Susp. Drug: 2 <u>32</u> Towed from scene? 2 <u>33</u>

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	1	4	0	0	●	1	

Please Select One of the Following: Vehicle 4 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # S71587000 St MA DOB/Age 05/25/1965 Sex F Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 1 <u>20</u> CDL _____ Operator ACQUAYE-ODAMTTEN, BETTY Address 47 NORTH ST APT A City WORCESTER State MA Zip 01605-3266 Insurance Company GEICO GENERAL INSURANCE C	Reg # 2FBA54 Reg Type PAN Reg State MA Veh Year 2020 Veh Make TOYOTA Veh Config. 1 Owner ACQUAYE-ODAMTTEN, BETTY Address 47 NORTH ST APT A City WORCESTER State MA Zip 01605-3266 Vehicle Action Prior to Crash 2 <u>22</u> Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event 1 <u>24</u> Driver Contributing Code 1 <u>25</u> <u>25</u> Driver Distracted by 0 <u>26</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Damaged Area Code: 5 <u>27</u> <u>27</u> <u>27</u> Test Status: 1 <u>28</u> Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 <u>31</u> Susp. Drug: 2 <u>32</u> Towed from scene? 3 <u>33</u>

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	1	4	0	0	●	●	██████████ ██████████

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 [Ped] = Pedestrian [Bike] = Bicycle
ie: → [1] → [2] → [Ped] → [Bike]

Crash Diagram:

Washington Street



If Crash Did Not Occur on a Public Way:

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

↑ Arrow



Crash Narrative:

On October 9, 2023, I was dispatched to a four car motor vehicle crash on Washington Street in the area of South Street. The operator of Vehicle One stated that he was traveling west on Washington Street. As he was approaching the stoplight by South Street, he was traveling too fast and was not able to stop in time. He subsequently rear ended Vehicle 2, which rear ended Vehicle 3, and then that rear ended Vehicle 4.

All operators confirmed that story.

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 10/09/2023
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date