

Date of Crash 10/12/2023	Time of Crash 0621 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
						Latitude _____					
						Longitude _____					

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	<u>12</u> _____ <u>780</u> <u>SOUTHBRIDGE ST</u> Route# Direction Address # Name of Roadway/Street
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 _____ • _____ or _____ Mile Marker _____ Exit Number _____
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 _____ Route# _____ Intersecting Roadway/Street _____
	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 23-337-AC**

License # <u>S33315466</u> St <u>MA</u> DOB/Age <u>01/18/1993</u>	Reg # <u>85191</u> Reg Type <u>CO</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>19 19</u> Lic. Restrictions <u>1 20</u> CDL _____ 99 99 Endorsement _____	Veh Year <u>2012</u> Veh Make <u>FREIGHTLINER</u> Veh Config. <u>10 21</u>
Operator <u>MELENCIANO, JOSE M</u> Last First Middle	Owner <u>SYSKO BOSTON LLC</u> Last First Middle
Address <u>177 LINCOLN ST APT 1</u>	Address <u>99 SPRING ST</u>
City <u>WORCESTER</u> State <u>MA</u> Zip <u>016**</u>	City <u>PLYMPTON</u> State <u>MA</u> Zip <u>02367</u>
Insurance Company <u>ZURICH AMERICAN INSURANCE</u>	Vehicle Action Prior to Crash <u>4 22</u> Damaged Area Code: <u>0 27 27 27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1 23 23 23 23</u> Test Status: <u>1 28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1 24</u> Type of Test: <u>97 29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1 30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>99 25 25</u> Susp. Alcohol: <u>2 31</u> Susp. Drug: <u>2 32</u>
	Driver Distracted by <u>0 26</u> Towed from scene? <u>2 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	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

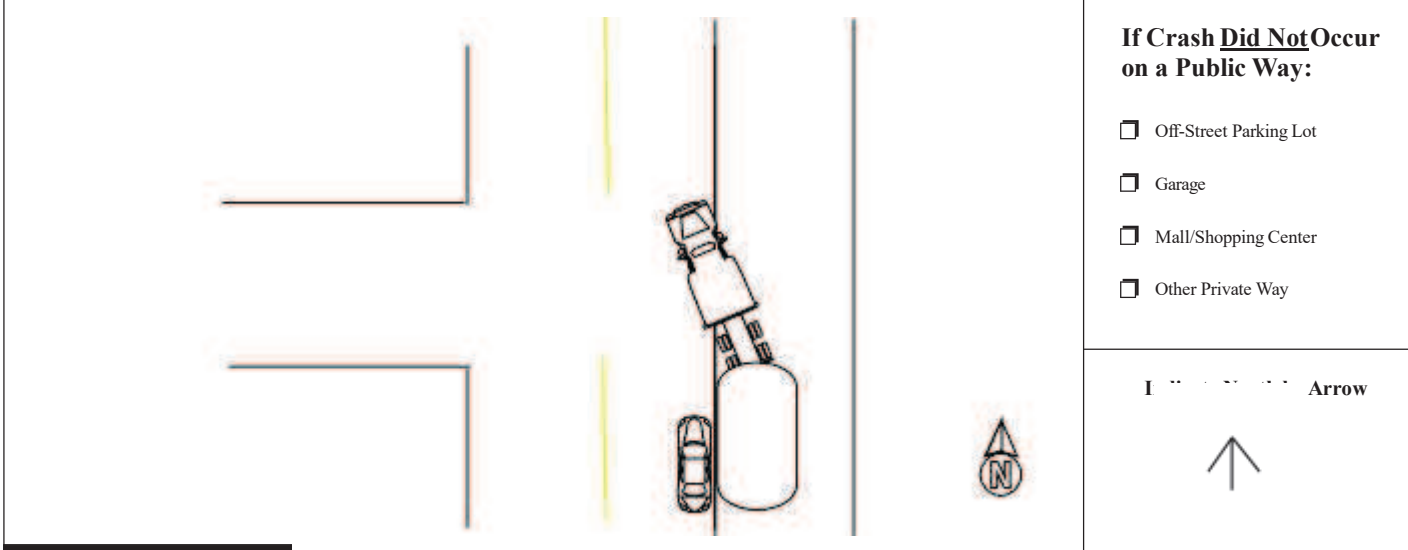
License # <u>SA4950967</u> St <u>MA</u> DOB/Age <u>06/16/1995</u>	Reg # <u>2XNL71</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>19 19</u> Lic. Restrictions <u>1 20</u> CDL _____ 99 99 Endorsement _____	Veh Year <u>2022</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>2 21</u>
Operator <u>MORATAYA DE OSORIO, JENNIFER K</u> Last First Middle	Owner <u>OSORIO, OSMAR M</u> Last First Middle
Address <u>18 ETHIER DR</u>	Address <u>18 ETHIER DR</u>
City <u>SPENCER</u> State <u>MA</u> Zip <u>01562</u>	City <u>SPENCER</u> State <u>MA</u> Zip <u>01562</u>
Insurance Company <u>LIBERTY MUTUAL PERSONAL I</u>	Vehicle Action Prior to Crash <u>1 22</u> Damaged Area Code: <u>3 27 27 27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1 23 23 23 23</u> Test Status: <u>1 28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1 24</u> Type of Test: <u>99 29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1 25 25</u> Susp. Alcohol: <u>2 31</u> Susp. Drug: <u>2 32</u>
	Driver Distracted by <u>0 26</u> Towed from scene? <u>2 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	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Unsure of sequence of events due to language barrier. TT unit making left turn into side street.

Damge to Mv # 2 passenger side mirror and bed of pick up truck.

both operators declined medical attention.

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 John E McLaughlin

Police Officer Name (Please Print)

Signature

94JM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/12/2023

Date