

Date of Crash **06/27/2024** Time of Crash **1148** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **5** 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# **446** Direction _____ Address # **SOUTHBRIDGE 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 **1** #Occupants Hit/Run Moped Crash Report ID# **24-215-AC**

License # **unknown** St _____ DOB/Age **12/08/1981** Reg # **4CTD83** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **99 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2010** Veh Make **DODGE** Veh Config. **1 21**

Operator **DORSAINVIL, PHILEMON** Owner **DORSAINVIL, PHILEMON**

Address **446 SOUTHBRIDGE ST** Address **446 SOUTHBRIDGE ST**

City **AUBURN** State **MA** Zip **01501-2442** City **AUBURN** State **MA** Zip **01501-2442**

Insurance Company **FOREMOST INSURANCE COMPAN** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **0 27 27 27**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **3 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **3 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26 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	X	X	1	99	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

Sex _____ Lic. Class **99 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year _____ Veh Make _____ Veh Config. **21**

Operator _____ Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**

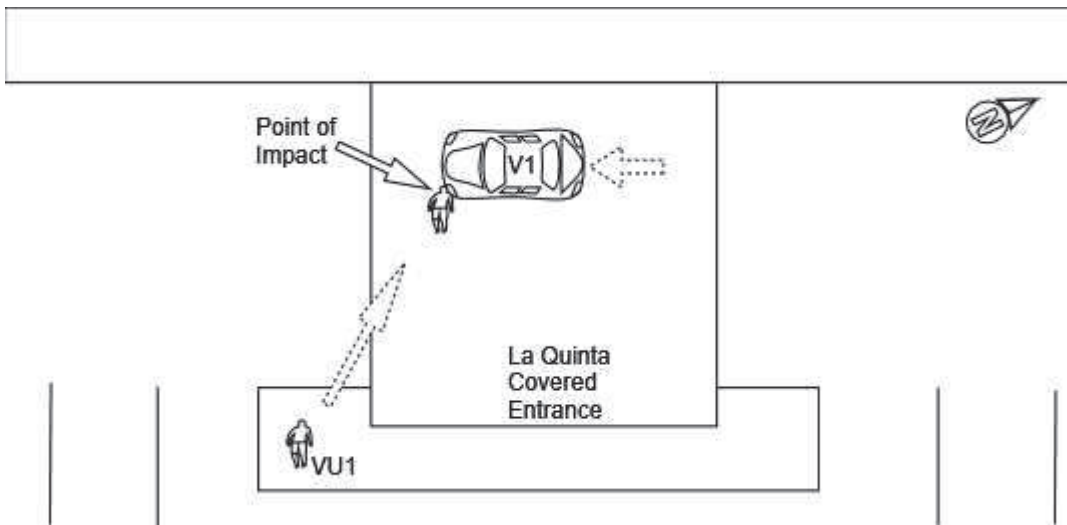
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26 26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **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/Occupants		See Above	X	X	1						

Crash Diagram:

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If Crash Did Not Occur on a Public Way:

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

Insert Arrow



Crash Narrative:

On Thursday, June 27, 2024 at approximately 1148hrs the Auburn Police Department responded a motor vehicle versus pedestrian accident in the parking lot of the La Quinta located at #446 Southbridge Street. V1 was traveling under the covered entrance when a child ran out in front of V1 towards the entrance of the building. The child collided with the front left corner of V1. [REDACTED]

No damage was caused to V1.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
RODRIGUEZ ISMAEL L	26 CATHARINE ST Apt. #3 WORCESTER MA 016**		
CEBALLOS CESAR	16 ASHMONT AVE Apt. #3 WORCESTER MA 01610-1804	[REDACTED]	

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

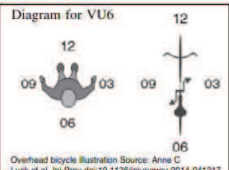
Carrier Name _____ Bus Use 42
Address _____ City _____ St _____ Zip _____
US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

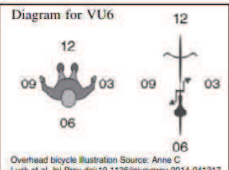
Hazmat Information:

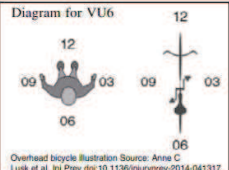
Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrolman Brandon M Starkus 71BS Auburn Police Department 06/27/2024
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User		Type <input style="width: 40px;" type="text" value="1 VU1"/>	Action <input style="width: 40px;" type="text" value="2 VU2"/>	Location <input style="width: 40px;" type="text" value="5 VU3"/>					
VU: _____ <small style="display: flex; justify-content: space-between; width: 100%;">Last First Middle</small>		Primary Injury Area: <input style="width: 40px;" type="text" value="4 VU7"/>		Test Status: <input style="width: 40px;" type="text" value="1 VU11"/>					
Address _____ City _____ State _____ Zip _____		Event Sequence <input style="width: 40px;" type="text" value="19 VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/>		Type of Test: <input style="width: 40px;" type="text" value="0 VU12"/>					
License # unknown St _____ DOB/Age _____		Contributing Code <input style="width: 40px;" type="text" value="11 VU9"/> <input style="width: 40px;" type="text" value="2 VU9"/>		BAC Test Result: <input style="width: 40px;" type="text" value="VU13"/>					
Traffic Control Device <input style="width: 40px;" type="text" value="0 VU4"/>		Distracted by <input style="width: 40px;" type="text" value="99 VU10"/> <input style="width: 40px;" type="text" value="VU10"/>		Susp. Alcohol: <input style="width: 40px;" type="text" value="2 VU14"/>					
Origin/Destination <input style="width: 40px;" type="text" value="97 VU5"/>				Susp. Drug: <input style="width: 40px;" type="text" value="2 VU15"/>					
Contact Point: <input style="width: 40px;" type="text" value="09 VU6"/>									
		Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User		█	97	99	3	0	█	█	

Vulnerable User		Type <input style="width: 40px;" type="text" value="VU1"/>	Action <input style="width: 40px;" type="text" value="VU2"/>	Location <input style="width: 40px;" type="text" value="VU3"/>					
VU: _____ <small style="display: flex; justify-content: space-between; width: 100%;">Last First Middle</small>		Primary Injury Area: <input style="width: 40px;" type="text" value="VU7"/>		Test Status: <input style="width: 40px;" type="text" value="VU11"/>					
Address _____ City _____ State _____ Zip _____		Event Sequence <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/>		Type of Test: <input style="width: 40px;" type="text" value="VU12"/>					
License # _____ St _____ DOB/Age _____		Contributing Code <input style="width: 40px;" type="text" value="VU9"/> <input style="width: 40px;" type="text" value="VU9"/>		BAC Test Result: <input style="width: 40px;" type="text" value="VU13"/>					
Traffic Control Device <input style="width: 40px;" type="text" value="VU4"/>		Distracted by <input style="width: 40px;" type="text" value="VU10"/> <input style="width: 40px;" type="text" value="VU10"/>		Susp. Alcohol: <input style="width: 40px;" type="text" value="VU14"/>					
Origin/Destination <input style="width: 40px;" type="text" value="VU5"/>				Susp. Drug: <input style="width: 40px;" type="text" value="VU15"/>					
Contact Point: <input style="width: 40px;" type="text" value="VU6"/>									
		Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User									

Vulnerable User		Type <input style="width: 40px;" type="text" value="VU1"/>	Action <input style="width: 40px;" type="text" value="VU2"/>	Location <input style="width: 40px;" type="text" value="VU3"/>					
VU: _____ <small style="display: flex; justify-content: space-between; width: 100%;">Last First Middle</small>		Primary Injury Area: <input style="width: 40px;" type="text" value="VU7"/>		Test Status: <input style="width: 40px;" type="text" value="VU11"/>					
Address _____ City _____ State _____ Zip _____		Event Sequence <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/>		Type of Test: <input style="width: 40px;" type="text" value="VU12"/>					
License # _____ St _____ DOB/Age _____		Contributing Code <input style="width: 40px;" type="text" value="VU9"/> <input style="width: 40px;" type="text" value="VU9"/>		BAC Test Result: <input style="width: 40px;" type="text" value="VU13"/>					
Traffic Control Device <input style="width: 40px;" type="text" value="VU4"/>		Distracted by <input style="width: 40px;" type="text" value="VU10"/> <input style="width: 40px;" type="text" value="VU10"/>		Susp. Alcohol: <input style="width: 40px;" type="text" value="VU14"/>					
Origin/Destination <input style="width: 40px;" type="text" value="VU5"/>				Susp. Drug: <input style="width: 40px;" type="text" value="VU15"/>					
Contact Point: <input style="width: 40px;" type="text" value="VU6"/>									
		Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User									