

Date of Crash 06/30/2024	Time of Crash 1712 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit _____ 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# 385 Direction _____ Address # SOUTHBRIDGE ST 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 _____ Mile Marker _____ or _____ 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 _____ PARKING LOT NEAR POLE 62 Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **24-220-AC**

License # SA3780129 St MA DOB/Age 01/30/2004	Reg # 1RSD29 Reg Type PAN Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2003 Veh Make JEEP Veh Config. 2 21
Operator LARSON, BENJAMIN WAYNE Last First Middle	Owner LARSON, BENJAMIN WAYNE Last First Middle
Address 53 GREEN ST	Address 53 GREEN ST
City LEICESTER State MA Zip 01524-1711	City LEICESTER State MA Zip 01524-1711
Insurance Company ARBELLA MUTUAL INSURANCE	Vehicle Action Prior to Crash 11 22 Damaged Area Code: 6 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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 _____	BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Driver Distracted by 0 26 26 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	0	4	3	0	10	1	

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

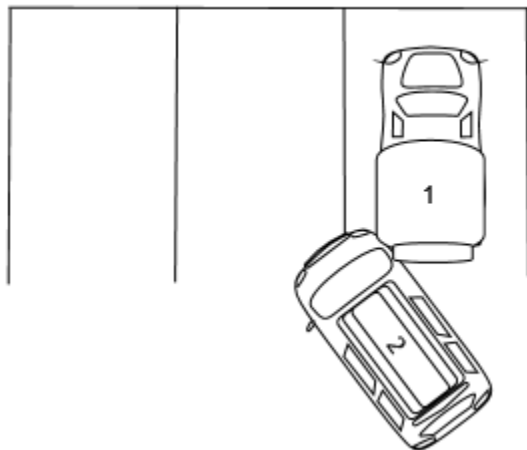
License # SA7330267 St MA DOB/Age 11/12/1989	Reg # 3CEP93 Reg Type PAN Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2015 Veh Make TOYOTA Veh Config. 2 21
Operator SABINO DO NASCIMENTO, VANESSA Last First Middle	Owner SABINO DO NASCIMENTO, VANESSA Last First Middle
Address 90 FAIRHAVEN RD APT 2	Address 90 FAIRHAVEN RD APT 2
City WORCESTER State MA Zip 01606-3116	City WORCESTER State MA Zip 01606-3116
Insurance Company THE STANDARD FIRE INSURAN	Vehicle Action Prior to Crash 10 22 Damaged Area Code: 2 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 2 23 23 23 23 Test Status: 1 28
Citation # (If Issued) _____	Most Harmful Event 2 24 Type of Test: 0 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 12 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Driver Distracted by 0 26 26 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/Occupants	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 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

↓ Arrow



Crash Narrative:

On June 30, 2024, I, Officer Dominic Walker was at 385 Southbridge Street, the Auburn Mall, when I was approached by a female party who stated her boyfriend witness a hit and run. She stated the operator of vehicle two struck the rear left bumper on vehicle one and subsequently left. I made contact with the operator of vehicle one who was unaware of the damage due to the fact that he was inside. I eventually made contact with the operator of vehicle two who stated that they waited for approximately 20 minutes after hitting vehicle one but was unsure of how to proceed and subsequently left the area. The operator of vehicle two admitted to the accident and apologized for the misunderstanding.

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 06/30/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date