

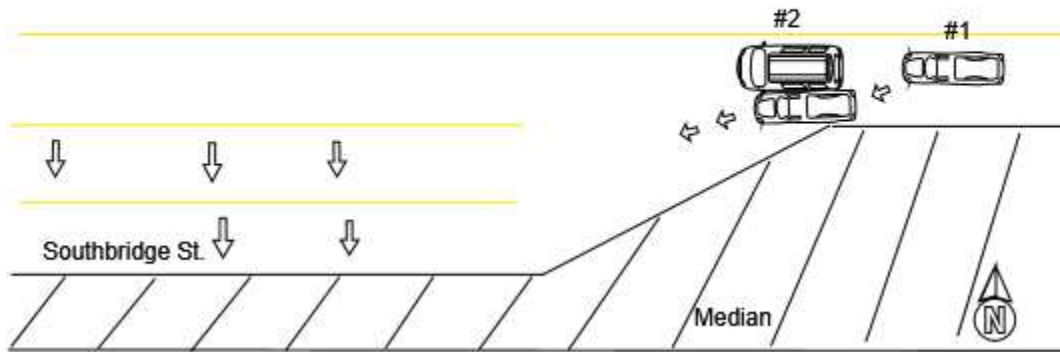
Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 08/28/2024		Time of Crash 1536 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 45		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
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 914 SOUTHBRIDGE ST 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:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-300-AC																							
License # S26682272 St MA DOB/Age 01/25/2001 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator MAESTO, DEAN MATTHEW Address 9 FLORENCE DR City CHARLTON State MA Zip 01507-6627 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S E X 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						Reg # 2ZMX55 Reg Type PAN Reg State MA Veh Year 2016 Veh Make CHEVROLET Veh Config. 2 Owner MAESTO, DEAN MATTHEW Address 9 FLORENCE DR City CHARLTON State MA Zip 01507-6627 Vehicle Action Prior to Crash 6 22 Damaged Area Code: 27 27 0 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 9 25 25 BAC Test Result: 30 Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33																									
Please fill out for operator and all occupants involved																															
Name (Last First Middle)						Address						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		1		4		0		1		10		1			
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																							
License # S23751476 St MA DOB/Age 05/15/1973 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator COLEMAN, STEPHEN MJR Address 150 BERRY CORNER RD City CHARLTON State MA Zip 01507-5247 Insurance Company ZURICH AMERICAN INSURANCE Vehicle Travel Direction: N S E X 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						Reg # MFA201 Reg Type MVN Reg State MA Veh Year 2021 Veh Make CHEVROLET Veh Config. 1 Owner AUBURN TOWN OF Address 104 CENTRAL ST City AUBURN State MA Zip 01501-2310 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 7 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33																									
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Operator/Occupants						See Above						X		X		1		1		4		0		0		10		1			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

#914 Southbridge St. Sheldons MC



If Crash Did Not Occur on a Public Way:

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

↑ Arrow

Crash Narrative:

On Wednesday August 28, 2024 at approximately 1536 hours vehicle #2 was traveling westbound on Southbridge St., and came to a complete stop in traffic. As vehicle #2 was stopped in traffic, vehicle #1 attempted to merge into the two left turn only lanes. As vehicle #1 attempted to squeeze in between the median and vehicle #2, it struck the mirror of vehicle #2. I then spoke with the operator of vehicle #1, who admitted to squeezing in between the median and vehicle #2 resulting in the collision with the mirror.

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 Spiros Kaperonis

Police Officer Name (Please Print)

Signature

56SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/28/2024

Date