

Date of Crash **02/14/2024** Time of Crash **1002** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit _____ Latitude _____ Longitude _____ 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# **44** Direction _____ Address # _____ Name of Roadway/Street **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 _____ **PARKING LOT OF ATLAS DISTRIBUTION** Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **24-55-AC**

License # **34344663** St **PA** DOB/Age **12/04/1996** Reg # **H4670HY** Reg Type **APN** Reg State **TN**

Sex **M** Lic. Class **A 19 19** Lic. Restrictions **20** CDL **T** Veh Year **2022** Veh Make **International** Veh Config. **10 21**

Operator **MARTINEZ, CHRISTOPHER AL** Owner **BANK OF AMERICA LEASING**

Address **2020 LEHMAN ST** Address **7135 CENTENNIAL PL**

City **LEBANON** State **PA** Zip **17046** City **NASHVILLE** State **TN** Zip **37209**

Insurance Company **FREEDOM SPECIALTY INSURAN** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **97 27 27 27**

Vehicle Travel Direction: **N S X 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 _____ Driver Contributing Code **19 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? **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	XXXXXX	X	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 # **R03554076107912** St **NJ** DOB/Age **33** Reg # **AT818L** Reg Type **APN** Reg State **NJ**

Sex **M** Lic. Class **A 19 19** Lic. Restrictions **20** CDL **T** Veh Year **2007** Veh Make **VOLVO** Veh Config. **10 21**

Operator **RAMIREZ, JOHEL A** Owner **MACHINE TRUCKING LLC**

Address **3401 PARK AVE APT 10** Address **70 WILCOX RD**

City **UNION CITY** State **NJ** Zip **07087-5962** City **STE 1, NEW BRUNSWICK,** State **NJ** Zip **08901**

Insurance Company **BELO CITY INSURANCE COMPA** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **2 27 27 27**

Vehicle Travel Direction: **N S X 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 _____ 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? **2 33**

Please fill out for operator/non-motorist 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/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ☺

Parking lot of Atlas Distribution

If Crash Did Not Occur on a Public Way:

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

↑ Arrow

Crash Narrative:

On February 14, 2024, I Officer Markvenas and Officer Walker were dispatched to Atlas Distributing facility on 44 Southbridge St. Auburn, Ma 01501, at 10:11 AM for a motor vehicle accident. Upon arrival, myself and Officer Walker spoke with the operator of vehicle 2, Johel Ramirez. He informed us that vehicle 1 pulled out of the docking bay with his trailer door not properly secured. This caused the door to swing open and cause damage to the passenger of the truck and trailer and subsequently ripping the door off trailer 1.

Officer Walker and I then spoke with the operator of vehicle 1, Christopher Martinez, where he confirmed the story that his left trailer door was not properly stowed.

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	02/14/2024
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
		Precinct/Barracks	Date