

Date of Crash **08/02/2022** Time of Crash **1432** City/Town **Auburn** **Motor Vehicle Crash** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police
 24HR **Police Report** Latitude Longitude Local Police
 MBTA Police
 Campus Police
 Other

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

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| <p>HARRISON AVE</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>PAKACHOAG ST</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> | <p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p>Mile Marker _____ Exit Number _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Landmark _____</p> |
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **22-242-AC**

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| <p>License # S36314975 St MA DOB/Age 08/14/1946</p> <p>Sex F Lic. Class D Lic. Restrictions 20 CDL _____</p> <p>Operator DOHERTY, ELAINE FRANCES</p> <p>Address 17 ROCKAWAY RD</p> <p>City AUBURN State MA Zip 01501-2139</p> <p>Insurance Company THE COMMERCE INSURANCE CO</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p> | <p>Reg # 53KH17 Reg Type PAN Reg State MA</p> <p>Veh Year 2011 Veh Make CHEVROLET Veh Config 1</p> <p>Owner DOHERTY, ELAINE FRANCES</p> <p>Address 17 ROCKAWAY RD</p> <p>City AUBURN State MA Zip 01501-2139</p> <p>Vehicle Action Prior to Crash 4 Damaged Area Code: 8 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 9 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 99 26 Susp. Alcohol 2 31 Susp. Drug 2 32</p> <p>Towed from scene? 2 33</p> |
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| Please fill out for operator and all occupants involved | | DX# | 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 | 0 | 10 | 1 | | |
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Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

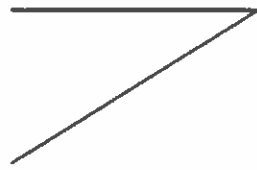
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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>License # S44822248 St MA DOB/Age 12/16/1996</p> <p>Sex M Lic. Class D Lic. Restrictions 20 CDL _____</p> <p>Operator WILLIAMS, DUCORDO DWRIGHT</p> <p>Address 72 COUNTRY CLUB BLVD APT 223</p> <p>City WORCESTER State MA Zip 01605-1523</p> <p>Insurance Company SAFETY INSURANCE COMPANY</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p> | <p>Reg # 2NEE73 Reg Type PAN Reg State MA</p> <p>Veh Year 2009 Veh Make TOYOTA Veh Config 1</p> <p>Owner WILLIAMS, DUCORDO DWRIGHT</p> <p>Address 72 COUNTRY CLUB BLVD APT 223</p> <p>City WORCESTER State MA Zip 01605-1523</p> <p>Vehicle Action Prior to Crash 2 Damaged Area Code: 1 27 2 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol 2 31 Susp. Drug 2 32</p> <p>Towed from scene? 2 33</p> |
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| Please fill out for operator/non-motorist and all occupants involved | | DX# | 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 | X | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | | |
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→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ☺ = Bicycle
 ie: → 1 → 2 → ○ → ☺

Crash Diagram:

Pakachoag St.



Harrison Ave.

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V#1 was attempting to turn left on to Harrison St. V#2 was at full stop on Harrison Ave.
 V#1 turned too sharply, and drove into V#2
 No injuries, minor damage.

Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|--------------------------|---------|---------|-----------|
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| | | | |

Property Damage:

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

Police Officer Name (Please Print)

Signature

53LS

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/02/2022

Date