

Date of Crash 09/02/2022 Time of Crash 1548 City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other

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

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| <p>Route# <u> </u> Direction <u> </u> Name of Roadway/Street <u>VINE ST</u></p> <p style="text-align: center;">At</p> <p>Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u>SWANSON RD</u></p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u></p> | <p>Route# <u> </u> Direction <u> </u> Address # <u> </u> Name of Roadway/Street <u> </u></p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> Mile Marker <u> </u> or Exit Number <u> </u></p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> Route# <u> </u> Intersecting Roadway/Street <u> </u></p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> Landmark <u> </u></p> |
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Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **22-284-AC**

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| <p>License # S87123577 St MA DOB/Age 10/07/1949</p> <p>Sex F Lic. Class D Lic. Restrictions B CDL <u> </u> Endorsement <u> </u></p> <p>Operator BALDINO, MAUREEN MARGARET</p> <p>Address 48 SOUTH ST</p> <p>City AUBURN State MA Zip 01501-2837</p> <p>Insurance Company THE STANDARD FIRE INSURAN</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) <u> </u></p> <p>Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u></p> <p>Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u></p> | <p>Reg # 2PBE97 Reg Type PAN Reg State MA</p> <p>Veh Year 2020 Veh Make FORD Veh Config 1</p> <p>Owner BALDINO, MAUREEN MARGARET</p> <p>Address 48 SOUTH ST</p> <p>City AUBURN State MA Zip 01501-2837</p> <p>Vehicle Action Prior to Crash 1 Damaged Area Code: 2 27 3 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 4 25 9 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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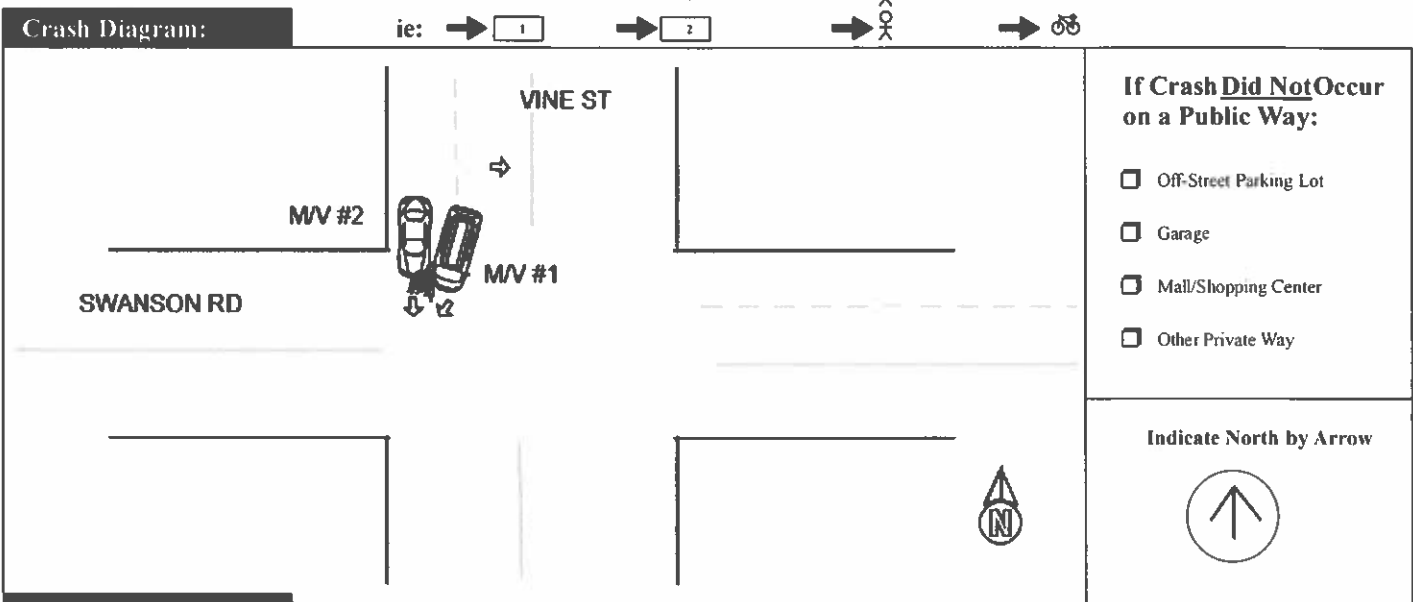
| Please fill out for operator and all occupants involved | | | | | | | | | | | |
|---|-----------|---------------------|---------------------|-------------|------------------|------------------|---------------|--------------|------------------|----------------|------------------|
| Name (Last First 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 | | | 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 # S82250785 St MA DOB/Age 01/04/1986</p> <p>Sex F Lic. Class D Lic. Restrictions 1 CDL <u> </u> Endorsement <u> </u></p> <p>Operator DAVIN, CARISSA LYNN</p> <p>Address 15 GREYSTONE AVE APT 2</p> <p>City WEBSTER State MA Zip 01570-1916</p> <p>Insurance Company GOVERNMENT EMPLOYEES INSU</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) <u> </u></p> <p>Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u></p> <p>Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u></p> | <p>Reg # 7PGR40 Reg Type PAN Reg State MA</p> <p>Veh Year 2007 Veh Make TOYOTA Veh Config 1</p> <p>Owner DAVIN, CARISSA LYNN</p> <p>Address 15 GREYSTONE AVE APT 2</p> <p>City WEBSTER State MA Zip 01570-1916</p> <p>Vehicle Action Prior to Crash 1 Damaged Area Code: 7 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 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> |
|--|---|

| 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 | | | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
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→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle



Crash Narrative:

M/V #2 traveling southbound on Vine Street in the right travel lane attempting to cross intersection of Swanson Rd. M/V #1 was in the left (Left turn only lane) traveling southbound on Vine street and attempted to make a right turn onto Swanson Rd striking M/V #2

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 Daniel P Dyson **73DD** **Auburn Police Department** **09/02/2022**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date