

Date of Crash **09/08/2022** Time of Crash **1412** 24HR 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:
Route# <b>OXFORD STREET NO</b> Direction _____ Name of Roadway/Street _____ At Route# <b>PINEHURST AVE</b> Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <b>N S E W</b> of _____ Landmark _____	2 10 2 11 1 12 1 13

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **22-287-AC**

License # <b>S51764754</b> St <b>MA</b> DOB/Age <b>03/26/1986</b> Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL _____ Operator <b>RING, JUSTIN A</b> Address <b>90 HEARD ST</b> City <b>WORCESTER</b> State <b>MA</b> Zip <b>01603</b> Insurance Company <b>LIBERTY MUTUAL FIRE INSUR</b> Vehicle Travel Direction <b>N X E W</b> Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol 1: Ch/Sec/Sub _____ Viol 2: Ch/Sec/Sub _____ Viol 3: Ch/Sec/Sub _____ Viol 4: Ch/Sec/Sub _____	Reg # <b>T11083</b> Reg Type <b>CON</b> Reg State <b>MA</b> Veh Year <b>2017</b> Veh Make <b>FORD</b> Veh Config. <b>6</b> Owner <b>EVERSOURCE ENERGY SERVICE COMPANY</b> Address <b>1165 MASSACHUSETTS AVE</b> City <b>BOSTON</b> State <b>MA</b> Zip <b>02119-0000</b> Vehicle Action Prior to Crash <b>2</b> Event Sequence <b>1 23 23 23 23</b> Most Harmful Event <b>1 24</b> Driver Contributing Code <b>1 25 25</b> Driver Distracted by <b>0 26</b> Damaged Area Code: <b>6 27 27 27</b> Test Status: <b>28</b> Type of Test: <b>29</b> BAC Test Result: <b>30</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b> Towed from scene? <b>2 33</b>
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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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle **1** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # <b>S77333318</b> St <b>MA</b> DOB/Age <b>01/10/1978</b> Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL _____ Operator <b>MENDIA, RODRIGO A</b> Address <b>7 GARDNER TER APT 2</b> City <b>WORCESTER</b> State <b>MA</b> Zip <b>01610-1605</b> Insurance Company <b>GEICO GENERAL INSURANCE C</b> Vehicle Travel Direction: <b>N X E W</b> Responding to Emergency? <b>2</b> Citation # (If Issued) <b>T2805605</b> Viol 1: Ch/Sec/Sub <b>90 10</b> Viol 2: Ch/Sec/Sub <b>90 34</b> Viol 3: Ch/Sec/Sub <b>90 23</b> Viol 4: Ch/Sec/Sub _____	Reg # <b>4SYC79</b> Reg Type <b>PAN</b> Reg State <b>MA</b> Veh Year <b>2005</b> Veh Make <b>FORD</b> Veh Config <b>1</b> Owner <b>MENDIA, RODRIGO A</b> Address <b>7 GARDNER TER APT 2</b> City <b>WORCESTER</b> State <b>MA</b> Zip <b>01610-1605</b> Vehicle Action Prior to Crash <b>1</b> Event Sequence <b>1 23 23 23 23</b> Most Harmful Event <b>1 24</b> Driver Contributing Code <b>19 25 5 25</b> Driver Distracted by <b>99 26</b> Damaged Area Code <b>8 27 27 27</b> Test Status: <b>28</b> Type of Test: <b>29</b> BAC Test Result: <b>30</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b> Towed from scene? <b>3 33</b>
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Please fill out for operator/non-motorist 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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

➔ = 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

Indicate North by Arrow

**Crash Narrative:**

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V#1 stopped at stop line.

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V#2 rear ended V#1 causing minor damage to V#1 and V#2.

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V#2 towed due to revoked registration, uninsured motor vehicle, unlicensed operator.

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Operator of V#2 issued citation.

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**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 Luis W Santos**      **53LS**      **Auburn Police Department**      **09/08/2022**  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date