

Date of Crash **09/13/2022** Time of Crash **0704** City/Town **Auburn** **Motor Vehicle Crash** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other
 24HR **Police Report**

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

1 AUBURN ST
 Route# _____ Direction _____ Name of Roadway/Street _____
 At _____
SOUTHBRIDGE ST
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____
2 _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 _____ Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____
 _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____
 _____ Feet N S E W of _____ Landmark _____

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **22-293-AC**

6 License # S70748906 St MA DOB/Age 12/12/1983 Reg # 2HDA36 Reg Type PC Reg State MA
 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Veh Year 2021 Veh Make JEEP Veh Config 1 21
3 Operator NAIK, AMI TARAL Owner NAIK, ILABEN S
 Address 38 FARMINGTON DR Address 38 FARMINGTON DR
 City SHREWSBURY State MA Zip 01545-6200 City SHREWSBURY State MA Zip 01545-6200
 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Action Prior to Crash 1 22 Damaged Area Code: 4 27 27 27
2 Vehicle Travel Direction: N S E 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: 2 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 4 25 19 25 BAC Test Result: 1 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 99 26 Susp Alcohol 2 31 Susp Drug 2 32
 Towed from scene? 1 33

2 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	2	0	0	10	1	

2 Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

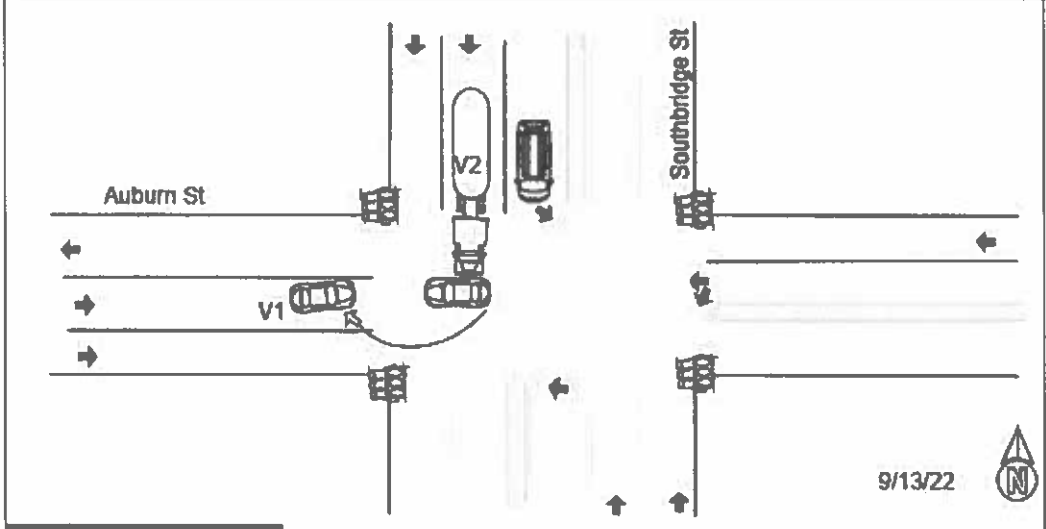
2 License # S70863778 St MA DOB/Age 10/07/1955 Reg # 5299B Reg Type APN Reg State MA
 Sex M Lic. Class A 19 19 Lic. Restrictions 20 CDL _____ Veh Year 2016 Veh Make International Veh Config 10 21
2 Operator MELANSON, NORMAN JON Owner POLAR CORP
 Address 113 CRAWFORD RD Address 1001 SOUTHBRIDGE ST
 City OAKHAM State MA Zip 01068 City WORCESTER State MA Zip 016
 Insurance Company TRAVELERS INDEMNITY Vehicle Action Prior to Crash 1 22 Damaged Area Code 2 27 27 27
2 Vehicle Travel Direction: N S E 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: 2 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 4 25 19 25 BAC Test Result: 1 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 99 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:



If Crash Did Not Occur on a Public Way:

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

Arrow

Crash Narrative:

V1 was traveling westbound on Auburn St and V2 (TT Unit) was traveling southbound on Southbridge St. Note; there was a separate uninvolved motor vehicle crash involving a telephone pole and loss of power to this main intersection's traffic lights. No lights were visibly working. Both V1 and V2 approached the intersection at the same time and neither vehicles came to a stop/ yield to ensure it was safe to pass through. As a result V2 and V1 collided. V1 was towed from the scene. Inboard camera from V2 (Polar Beverages) confirmed the events in question.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SHERMAN ERIN M	2 HOMESTEAD AVE AUBURN MA 01501-1639	[REDACTED]	
NOEL PAUL	22 ANGLIN LN SHREWSBURY MA 01545	[REDACTED]	

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 _____ MCMX/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 Christopher S Raymond 77CR Auburn Police Department 09/13/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date