

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **09/21/2022** Time of Crash **0702** City/Town **Auburn**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0** Speed Limit **40**
 Latitude _____ Longitude _____
 State Police
 Local Police
 MBTA Police
 Campus Police
 Other

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

SOUTH ST
 Route# Direction Name of Roadway/Street
 At
HILL ST
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street
 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 _____
 Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped

Crash Report ID# **22-303-AC**

License # **S99184426** St **MA** DOB/Age **04/17/1997**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement
 Operator **RODRIGUEZ, JOSHUA ANTHONY**
 Address **95 W DUDLEY RD**
 City **DUDLEY** State **MA** Zip **01571-6407**
 Insurance Company **THE COMMERCE INSURANCE CO**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**
 Citation # (If Issued) **T3069272**
 Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **T96957** Reg Type **CO** Reg State **MA**
 Veh Year **2006** Veh Make **CHEVROLET** Veh Config **1 21**
 Owner **RENU BY BRUCE INC**
 Address **45 LAKESIDE AVE APT 28**
 City **MARLBOROUGH** State **MA** Zip **01752-4546**
 Vehicle Action Prior to Crash **5 22** Damaged Area Code **2 27 27 27**
 Event Sequence **1 23 23 23 23** Test Status **1 28**
 Most Harmful Event **1 24** Type of Test: **29**
 Driver Contributing Code **5 25 19 25** BAC Test Result: **1 30**
 Driver Distracted by **99 26** Susp Alcohol: **2 31** Susp Drug: **2 32**
 Towed from scene? **2 33**

Please fill out for operator and all occupants involved		1X	14	15	16	17	18	19	20	Medical Facility
Name (Last First Middle)	Address	DOB/Age	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
Operator	See Above			1	99	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 # **S52531767** St **MA** DOB/Age **12/01/1987**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement
 Operator **MORANG, DEREK RYAN**
 Address **244 BROOKFIELD RD**
 City **CHARLTON** State **MA** Zip **01507-1703**
 Insurance Company **ARBELLA MUTUAL INSURANCE**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

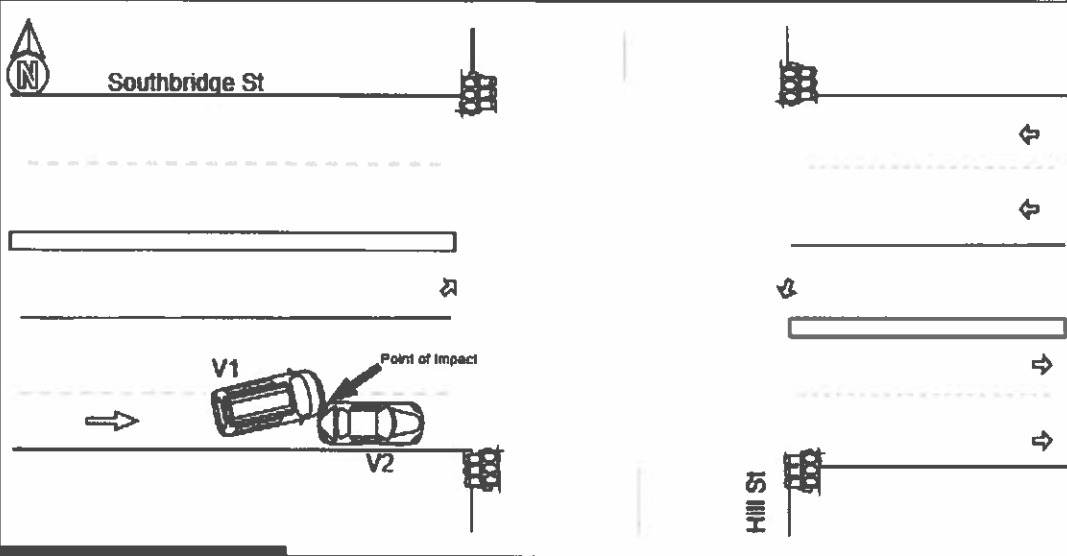
Reg # **9HXX40** Reg Type **PC** Reg State **MA**
 Veh Year **2015** Veh Make **GMC** Veh Config **1 21**
 Owner **MORANG, DEREK RYAN**
 Address **244 BROOKFIELD RD**
 City **CHARLTON** State **MA** Zip **01507-1703**
 Vehicle Action Prior to Crash **2 22** Damaged Area Code: **6 27 27 27**
 Event Sequence **1 23 23 23 23** Test Status **1 28**
 Most Harmful Event **1 24** Type of Test: **29**
 Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
 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		1X	14	15	16	17	18	19	20	Medical Facility
Name (Last First Middle)	Address	DOB/Age	Sex	Seat Pos	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp Code
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1

→ = 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:

V2 was traveling eastbound on Southbridge St. The traffic light turned yellow and the operator of V2 slowed to a stop. V1 kept driving forward and abruptly had to change lanes to avoid a full collision. As V1 changed lanes, it struck the left rear bumper of V2. V1 did not stop after the collision and kept driving eastbound onto Washington St. V2's operator called Auburn Police and followed V1 until police arrived on scene near the Auburn/ Worcester town line. Operator of V1 was cited (certified mail) and will be charged with leaving scene of accident with property damage, please refer to incident report 22-933-OF.

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 Christopher S Raymond 77CR Auburn Police Department 09/21/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date