

Date of Crash **10/13/2023** Time of Crash **1241** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

KIMBALL RD
 Route# _____ Direction _____ Name of Roadway/Street _____
 At _____
PAKACHOAG ST
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Landmark _____

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped Crash Report ID# **23-339-AC**

License # **S25906180** St **MA** DOB/Age **10/03/1981** Reg # **1EZ863** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL _____ Endorsement _____
 Operator **COBB, YVETTE RENEE** Owner **COBB, YVETTE RENEE**
 Address **1 KOSTA ST APT 2** Address **1 KOSTA ST APT 2**
 City **WORCESTER** State **MA** Zip **01607-1524** City **WORCESTER** State **MA** Zip **01607-1524**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **8** **27** **7** **27**
 Vehicle Travel Direction: **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: **1** **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **1** **33**

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
Operator											
JAMIE COBB	1 KOSTA ST WORCESTER, MA 01607-1524	02/15/1989	M	3	1	4	0	0	10	1	

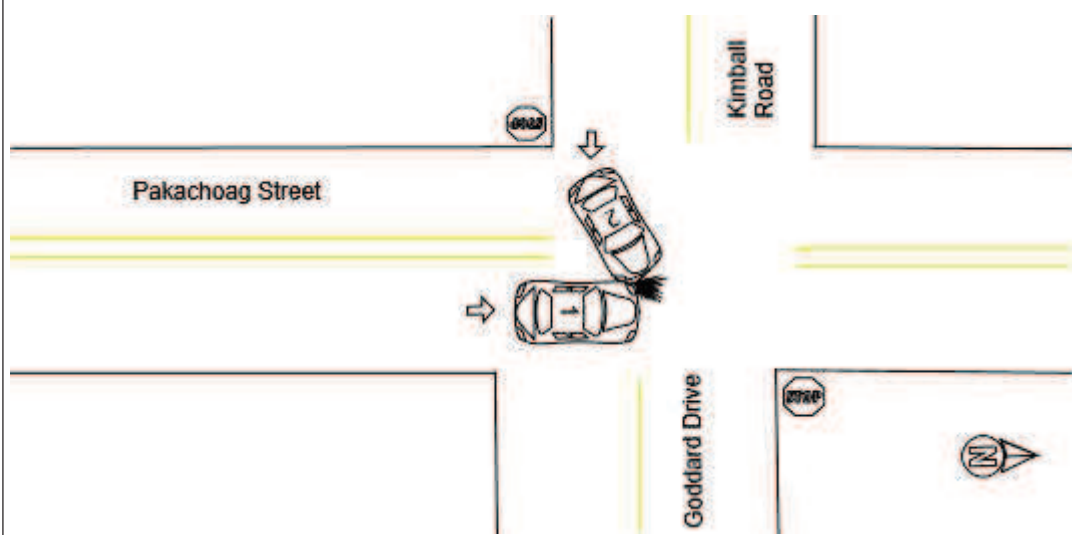
Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S61235131** St **MA** DOB/Age **10/14/1957** Reg # **1XRK35** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL _____ Endorsement _____
 Operator **DONOVAN, DANIEL MICHAEL** Owner **DONOVAN, DEBRA A**
 Address **26 CRYSTAL ST** Address **26 CRYSTAL ST**
 City **PAXTON** State **MA** Zip **01612-1534** City **PAXTON** State **MA** Zip **01612**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **7** **27** **27**
 Vehicle Travel Direction: **N S E** 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: **1** **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4** **25** **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**

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
Operator/Non-Motorist											

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

Arrow



Crash Narrative:

Vehicle 1 was driving northbound on Pakachoag Street. Vehicle 2 was stopped at Kimball Road waiting to go straight across towards Goddard Drive. The operator of Vehicle 2 stated he looked right and left but must have not noticed Vehicle 1 traveling on Pakachoag. He attempted to go straight across towards Goddard Drive and struck Vehicle 1. The operator of Vehicle 1 stated Vehicle 2 tried to drive across at the last minute, giving the operator of Vehicle 1 no time to stop. There is a stop sign at Kimball Road and Pakachoag Street has the right of way.

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 Rachel B Crowley

92RC

Auburn Police Department

10/13/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date