

| | | | | | | | | | | | |
|-----------------------------|-------------------------------|---------------------|--|-------------------------|------------------------|-----------------------|---------------------------------------|--|--------------------------------------|--|---------------------------------|
| Date of Crash 10/18/2023 | Time of Crash 1637 24HR | City/Town Auburn | Motor Vehicle Crash Police Report | Number Vehicles 1 | Number Injured 0 | Speed Limit <u>30</u> | State Police <input type="checkbox"/> | Local Police <input checked="" type="checkbox"/> | MBTA Police <input type="checkbox"/> | Campus Police <input type="checkbox"/> | Other: <input type="checkbox"/> |
| | | | | | | Latitude _____ | | | | | |
| | | | | | | Longitude _____ | | | | | |

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

| | | | | | |
|---|--|--|---|--|--|
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | | | Route# <u>73</u> Direction _____ Address # <u>BANCROFT ST</u> Name of Roadway/Street _____ | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ | | |
| | | | Landmark _____ | | |

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

Crash Report ID# **23-346-AC**

| | |
|---|---|
| License # _____ St _____ DOB/Age _____ | Reg # <u>3KKH28</u> Reg Type <u>PC</u> Reg State <u>MA</u> |
| Sex <input type="checkbox"/> Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ | Veh Year <u>2012</u> Veh Make <u>ACURA</u> Veh Config. <u>1</u> <u>21</u> |
| Operator _____ Last First Middle | Owner <u>COWDEN, JEFFREY M</u> Last First Middle |
| Address _____ | Address <u>25 ARLINGTON ST</u> |
| City _____ State _____ Zip _____ | City <u>AUBURN</u> State <u>MA</u> Zip <u>01501-2637</u> |
| Insurance Company <u>THE COMMERCE INSURANCE CO</u> | Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>10</u> <u>27</u> <u>27</u> |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> | Event Sequence <u>30</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> |
| Citation # (If Issued) _____ | Most Harmful Event <u>30</u> <u>24</u> Type of Test: <u>29</u> |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | BAC Test Result: <u>30</u> |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> |
| | Driver Distracted by <u>5</u> <u>26</u> Towed from scene? <u>1</u> <u>33</u> |

| 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 | See Above | XXXX | XX | 1 | 1 | 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

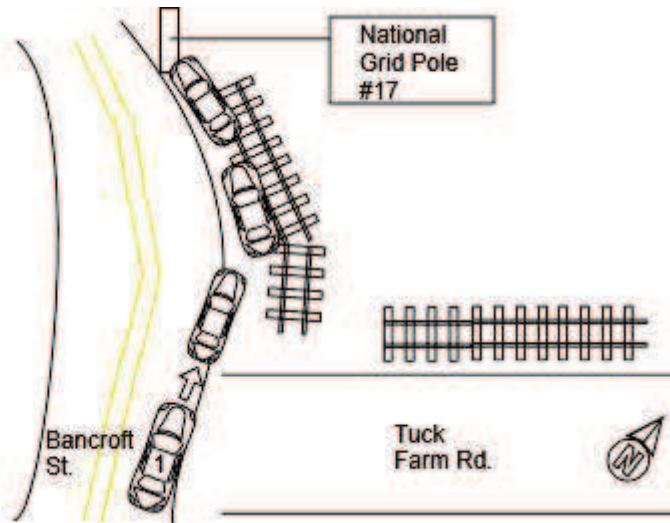
| | |
|--|---|
| License # _____ St _____ DOB/Age _____ | Reg # _____ Reg Type _____ Reg State _____ |
| Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ | Veh Year _____ Veh Make _____ Veh Config. <u>21</u> |
| Operator _____ Last First Middle | Owner _____ Last First Middle |
| Address _____ | Address _____ |
| City _____ State _____ Zip _____ | City _____ State _____ Zip _____ |
| Insurance Company _____ | Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ | Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> |
| Citation # (If Issued) _____ | Most Harmful Event <u>24</u> Type of Test: <u>29</u> |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | BAC Test Result: <u>30</u> |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Driver Contributing Code <u>25</u> <u>25</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> |
| | Driver Distracted by <u>26</u> Towed from scene? <u>33</u> |

| 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 | See Above | XXXX | XX | 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 Direction with Arrow



Crash Narrative:

Vehicle 1 was traveling on Bancroft St. The operator became distracted by an unknown external distraction, and the next thing she knew, she drove through the fence off to the side of the road between tuck farm rd and 73 bancroft st and collided with utility pole # 17.

Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|--------------------------|---------|---------|-----------|
| | | | |
| | | | |

Property Damage:

| Owner (Last,First,Middle) | Address | Phone # | 41-Type | Description of Damaged Property |
|---------------------------|------------------------------------|---------|---------|---------------------------------|
| MEADOWBROOK CONDOMINIUM | TUCK FARM RD AUBURN MA 01501 | | | WOODEN FENCE |
| NATIONAL GRID | 939 SOUTHBIDGE ST WORCESTER MA 016 | | | UTILITY POLE #17 |

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 Matthew Rodwill

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/18/2023

Date