

Date of Crash 11/17/2023	Time of Crash 1632 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 2	Speed Limit 40	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 611 Direction _____ Address # SOUTHBRIDGE ST 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 _____
	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
Crash Report ID# **23-389-AC**

License # S83427402 St MA DOB/Age 03/23/1957	Reg # 66SA38 Reg Type PAN Reg State MA
Sex F Lic. Class D ¹⁹ ₁₉ Lic. Restrictions 1 ²⁰ CDL _____ Endorsement _____	Veh Year 2011 Veh Make HONDA Veh Config. 1 ²¹
Operator WILLETTE, SUSAN E Last First Middle	Owner WILLETTE, SUSAN E Last First Middle
Address 52 WAITE ST	Address 52 WAITE ST
City LEICESTER State MA Zip 01524-1129	City LEICESTER State MA Zip 01524-1129
Insurance Company FARMERS PROPERTY & CASUAL	Vehicle Action Prior to Crash 1 ²² Damaged Area Code: 2 ²⁷ ²⁷ ²⁷
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 ²³ ²³ ²³ ²³ ²³ Test Status: 1 ²⁸
Citation # (If Issued) _____	Most Harmful Event 1 ²⁴ Type of Test: 30
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 ²⁵ ²⁵ BAC Test Result: _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: 2 ³¹ Susp. Drug: 2 ³²
	Driver Distracted by 0 ²⁶ 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	See Above	_____	_____	1	1	1	0	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

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

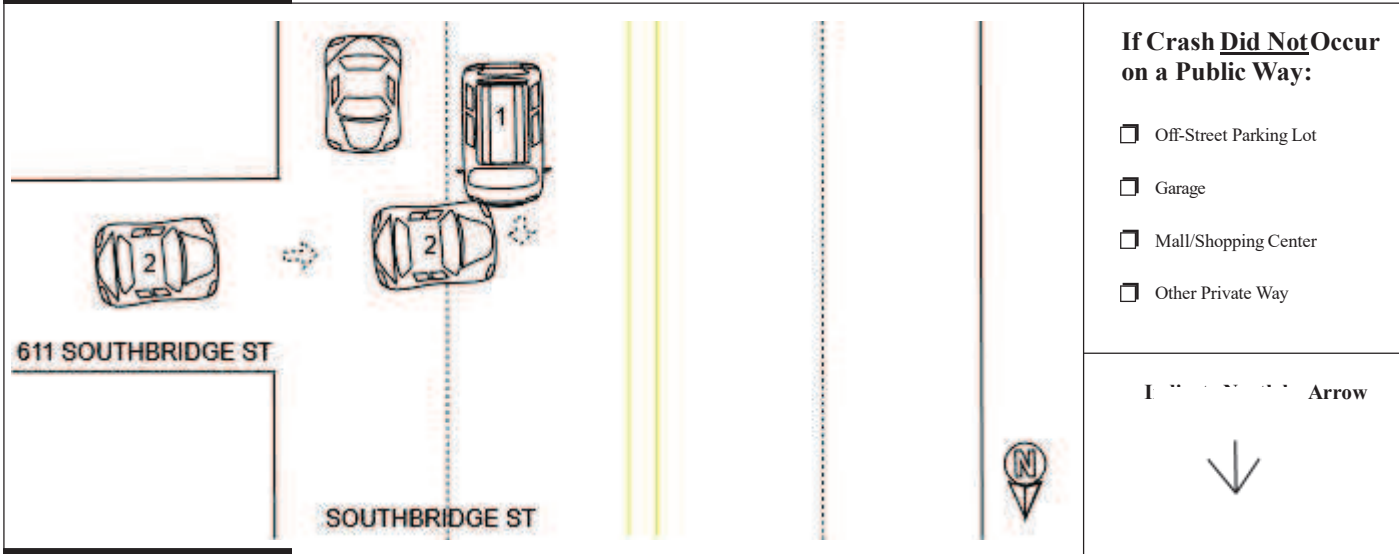
License # S52896183 St MA DOB/Age 12/04/1976	Reg # 628KM6 Reg Type PC Reg State MA
Sex M Lic. Class D ¹⁹ _M ¹⁹ Lic. Restrictions B ²⁰ CDL _____ Endorsement _____	Veh Year 2006 Veh Make TOYOTA Veh Config. 1 ²¹
Operator ADSHEAD, DAMIAN D Last First Middle	Owner ADSHEAD, DAMIAN D Last First Middle
Address 68 ROCHDALE ST	Address 68 ROCHDALE ST
City AUBURN State MA Zip 01501-1514	City AUBURN State MA Zip 01501-1514
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 4 ²² Damaged Area Code: 8 ²⁷ ²⁷ ²⁷
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 ²³ ²³ ²³ ²³ ²³ Test Status: 1 ²⁸
Citation # (If Issued) _____	Most Harmful Event 1 ²⁴ Type of Test: 30
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 18 ²⁵ 4 ²⁵ BAC Test Result: _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: 2 ³¹ Susp. Drug: 2 ³²
	Driver Distracted by 0 ²⁶ 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	See Above	_____	_____	1	1	1	0	0	<input checked="" type="checkbox"/>	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

↓ Arrow

Crash Narrative:

VEHICLE ONE WAS TRAVELING NORTH ON SOUTHBRIDGE ST. VEHICLE TWO WAS ATTEMPTING TO MAKE A LEFT TURN OUT OF THE PARKING LOT OF 611 SOUTHBRIDGE ST. THE FIRST VEHICLE STOPPED TO ALLOW HIM TO MAKE THE TURN. VEHICLE ONE IN THE SECOND TRAVEL LANE DID NOT SEE THIS AND STRUCK VEHICLE TWO.

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 Brandyn J Geldart

Police Officer Name (Please Print)

Signature

86BG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/17/2023

Date