

Date of Crash **04/04/2024** Time of Crash **0441** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

MILLBURY ST
 Route# _____ Direction _____ Name of Roadway/Street _____
 At _____
MONTCLAIR DR
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____
 Route# _____ Direction _____ Name of Intersecting 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# **24-102-AC**

License # **S19549093** St **MA** DOB/Age **10/30/1970** Reg # **9XA971** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2024** Veh Make **KIA** Veh Config. **1 21**
 Operator **CORDARO, CHRISTOPHER J** Owner **CORDARO, CHRISTOPHER J**
 Address **353 SEA ST APT 20** Address **353 SEA ST APT 20**
 City **QUINCY** State **MA** Zip **02169-2728** City **QUINCY** State **MA** Zip **02169-2728**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **10 27 3 27 27**
 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **20 23 23 30 23 23** Test Status: **3 28**
 Citation # (If Issued) **549230AC** Most Harmful Event **30 24** Type of Test: **2 29**
 Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **90 24** Driver Contributing Code **10 25 25** BAC Test Result: **5 30**
 Viol. 3: Ch/Sec/Sub **90 24I** Viol. 4: Ch/Sec/Sub **266 126A** Driver Distracted by **99 26** Susp. Alcohol: **1 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	See Above	_____	_____	1	1	3	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

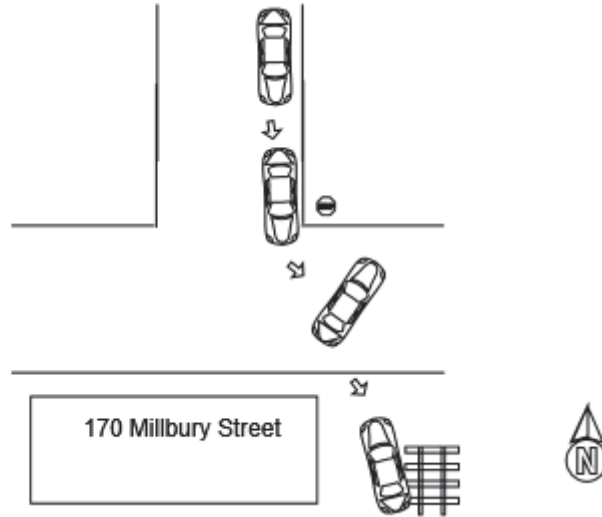
License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State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

→ = 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

Intersection Arrow



Crash Narrative:

V1 was traveling South on Mont Clair Drive as he approached the intersection of Millbury Street. V1 lost control coming down the hill, proceeded through the intersection and struck the curb in front of 170 Millbury Street. V1 then continued down the hill in the front yard of 170 Millbury Street and struck a fence causing damage. The operator of V1 was attempting to drive his car back up the hill to leave and as a result caused additional damage to the fence and lawn at 170 Millbury Street. The operator was placed in custody for OUI and Negligent Operation among other charges. See 24-98-AR for full report and photographs.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
POST ROBERT CRAIG	170 MILLBURY ST AUBURN MA 01501		97	FENCE
POST ROBERT CRAIG	170 MILLBURY ST AUBURN MA 01501		97	LAWN

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]

Sergeant Michael Tarckini 85MT Auburn Police Department 04/04/2024
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date