

Date of Crash 04/09/2024 Time of Crash 0651 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 1 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other: []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Location details including Route#, Direction, Name of Roadway/Street, At, and Intersecting Roadway/Street.

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped Crash Report ID# 24-108-AC

Operator and Owner information including License #, Sex, Lic. Class, Reg #, Veh Year, Veh Make, Veh Config, Address, City, State, Zip, Insurance Company, Vehicle Action Prior to Crash, Event Sequence, Most Harmful Event, Driver Contributing Code, Driver Distracted by, Damaged Area Code, Test Status, Type of Test, BAC Test Result, Susp. Alcohol, Susp. Drug, Towed from scene?

Table for Operator and all occupants involved with columns for Name, Address, DOB/Age, Sex, Seat Pos., Safety System, Airbag Status, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility.

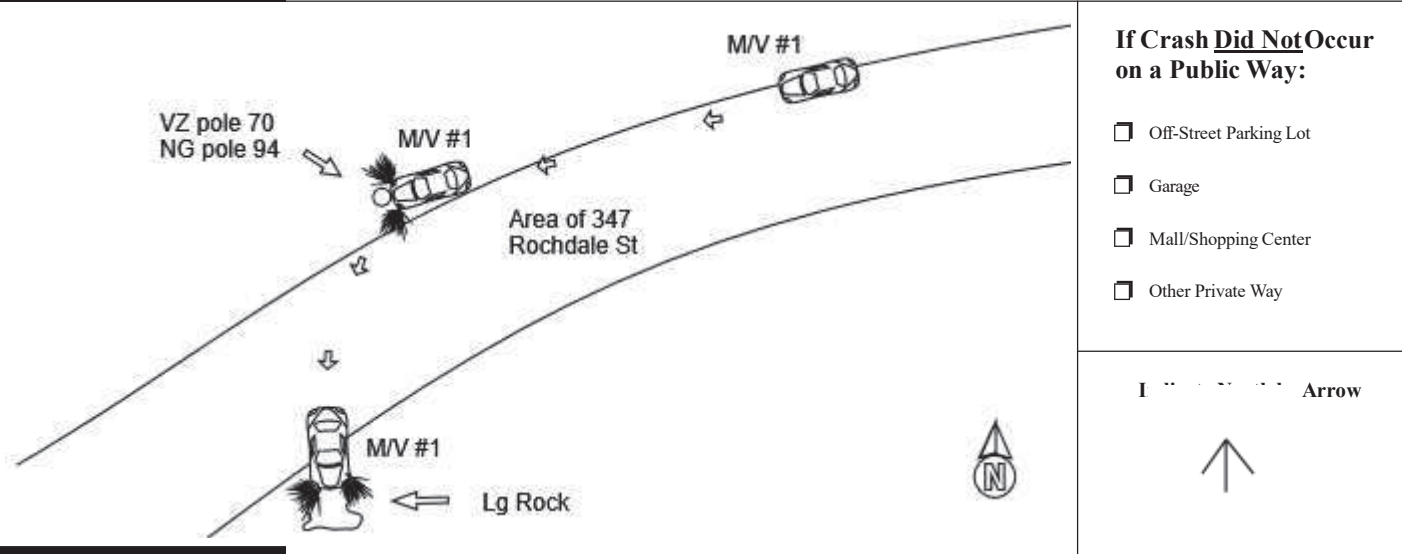
Please Select One of the Following: [] Vehicle 2 Occupants [] Hit/Run [] Moped [] Vulnerable User Complete the Vulnerable User section.

Operator and Owner information for a second vehicle, including License #, Sex, Lic. Class, Reg #, Veh Year, Veh Make, Veh Config, Address, City, State, Zip, Insurance Company, Vehicle Action Prior to Crash, Event Sequence, Most Harmful Event, Driver Contributing Code, Driver Distracted by, Damaged Area Code, Test Status, Type of Test, BAC Test Result, Susp. Alcohol, Susp. Drug, Towed from scene?

Table for Operator/Occupants involved with columns for Name, Address, DOB/Age, Sex, Seat Pos., Safety System, Airbag Status, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility.

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

Crash Diagram:



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

↑ Arrow



Crash Narrative:

M/V traveling west in the area of 347 Rochdale St when the vehicle traveled off the right side of the road striking a small embankment. M/V continued to travel off road striking & going through the utility pole. The vehicle then veered across the street striking a large rock before coming to rest.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NATIONAL GRID	939 SOUTHBRIDGE ST WORCESTER MA 016	508-860-6000	4	UTILITY POLE

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 Daniel P Dyson **73DD** **Auburn Police Department** **04/09/2024**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date