

Date of Crash **04/13/2024** Time of Crash **2044** 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:

WASHINGTON ST
 Route# _____ Direction _____ Name of Roadway/Street _____
 At _____
APPLETON RD
 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 **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-112-AC**

License # **S14874217** St **MA** DOB/Age **10/22/1948** Reg # **761CG6** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL _____ Veh Year **2011** Veh Make **HYUNDAI** Veh Config. **1 21**
 Operator **NAULT, LORETTA A** Owner **NAULT, LORETTA A**
 Address **59 SCHOOL ST** Address **59 SCHOOL ST**
 City **AUBURN** State **MA** Zip **01501-2929** City **AUBURN** State **MA** Zip **01501-2929**
 Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **5 27 4 27 3 27**
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26 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		See Above	X	X	1	1	4	0	0	10	1

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

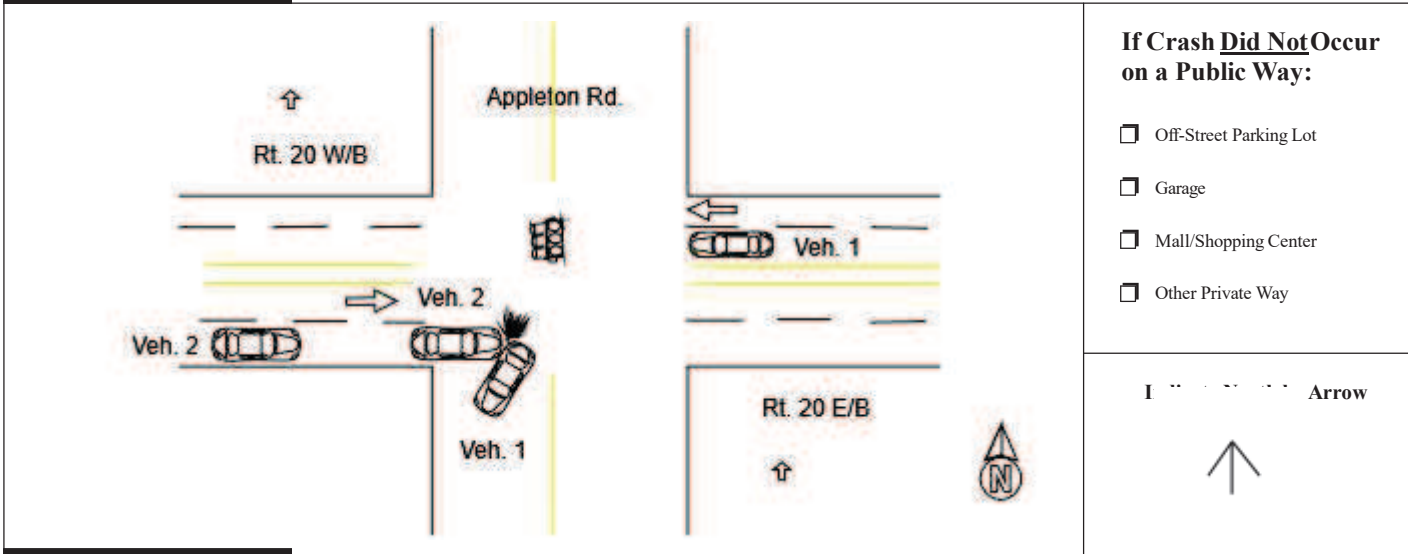
License # **B76100427305862** St **NJ** DOB/Age **05/19/1986** Reg # **L10PKA** Reg Type **PC** Reg State **NJ**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **NISSAN** Veh Config. **1 21**
 Operator **BROWN, ANDREW LEE** Owner **BROWN, ANDREW LEE**
 Address **590 CAROL CT** Address **590 CAROL CT**
 City **TURNERSVILLE** State **NJ** Zip **08012-1431** City **TURNERSVILLE** State **NJ** Zip **08012-1431**
 Insurance Company _____ Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
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Operator/Occupants		See Above	X	X	1	1	3	0	0	10	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 westbound on Rt. 20 (public way). Vehicle two was traveling eastbound on Rt. 20. Vehicle one was waiting to turn left from Rt. 20 onto Appleton Rd, a third vehicle traveling eastbound was waiting to turn left onto Appleton Rd. Vehicle two was traveling in the right hand lane while passing through the intersection. Vehicle one did not see vehicle two, as a result vehicle two collided with vehicle one.

Both vehicles were towed from the scene. All occupants declined medical attention.

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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/13/2024

Date