

Date of Crash 02/10/2024 Time of Crash 2111 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: []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

UPLAND ST DAVIS RD Route# Direction Name of Roadway/Street At Name of Intersecting Roadway/Street Also at Intersection with

Please Select One of the Following: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped Crash Report ID# 24-52-AC

License # S48890757 St MA DOB/Age 09/21/1971 Reg # 447WL5 Reg Type PC Reg State MA Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator SANDERS, BOBBY WALKER Owner SANDERS, BOBBY WALKER Address 93 BLACKSTONE RIVER RD APT 1 City WORCESTER State MA Zip 01607-1909

Table with 10 columns: Name, Address, 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. Row 1: Operator, See Above, [X], [X], 1, 1, 1, 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

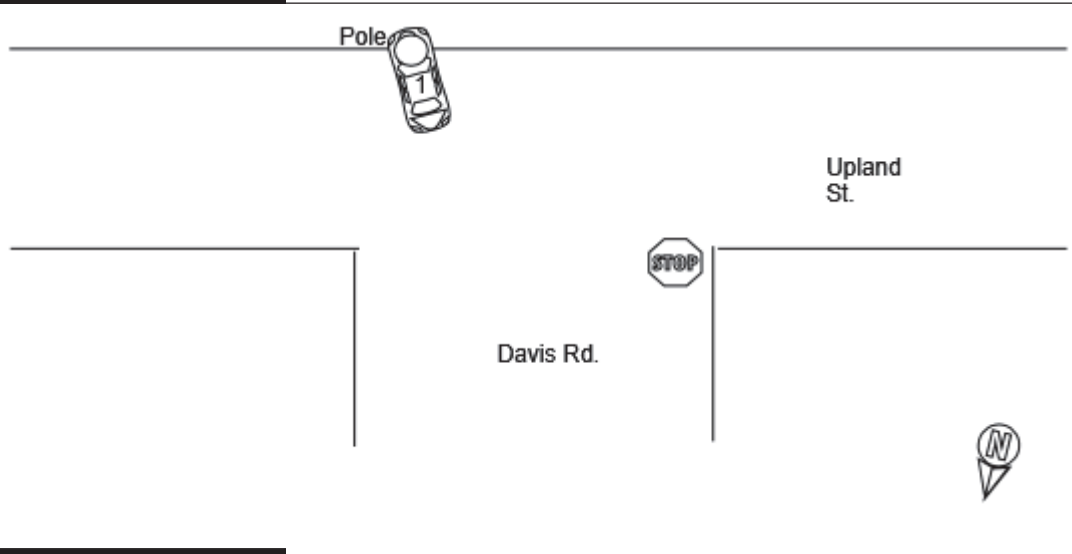
License # St DOB/Age Reg # Reg Type Reg State Sex Lic. Class Lic. Restrictions CDL Endorsement Operator Owner Address City State Zip Insurance Company Vehicle Action Prior to Crash Damaged Area Code: 27 27 27

Table with 10 columns: Name, Address, 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. Row 1: Operator/Non-Motorist, See Above, [X], [X], 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

North Arrow



Crash Narrative:

Vehicle 1 failed to stop at stop sign. Vehicle 1 struck utility pole. Utility pole snapped and landed on windshield of vehicle 1.

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			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 Dominick Boschetto

Police Officer Name (Please Print)

Signature

91DB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/10/2024

Date