

Date of Crash 01/05/2024	Time of Crash 1000 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	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# 369 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# 24-7-AC**

License # S85773044 St MA DOB/Age 07/10/1981	Reg # 2VCJ98 Reg Type PAN Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2016 Veh Make RAM Veh Config. 2 21
Operator GUIVAS, WILLIAM Last First Middle	Owner GUIVAS, WILLIAM Last First Middle
Address 42 LINCOLN ST APT 1	Address 42 LINCOLN ST APT 1
City WEBSTER State MA Zip 01570-1846	City WEBSTER State MA Zip 01570-1846
Insurance Company SAFETY INSURANCE COMPANY	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W 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 1 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32
	Towed from scene? 2 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	XXXXXX	XXXX	1	1	4	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

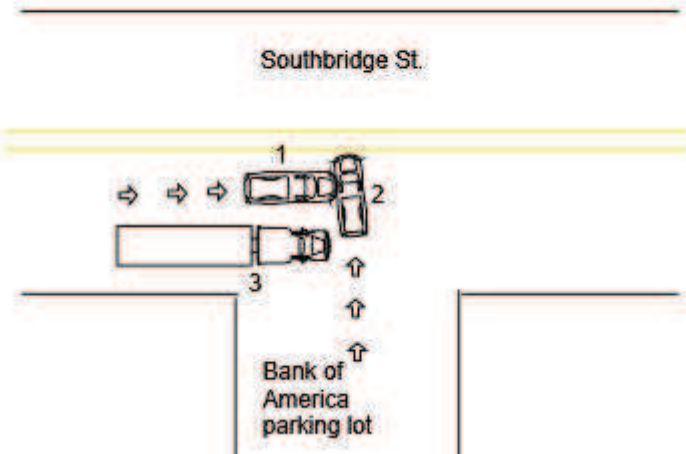
License # S41050591 St MA DOB/Age 09/02/1960	Reg # 6SP249 Reg Type PAN Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2014 Veh Make TOYOTA Veh Config. 2 21
Operator BRETON, DAVID RAYMOND Last First Middle	Owner BRETON, DAVID RAYMOND Last First Middle
Address 38 DAVIS RD	Address 38 DAVIS RD
City MILLBURY State MA Zip 01527-1013	City MILLBURY State MA Zip 01527-1013
Insurance Company ARBELLA MUTUAL INSURANCE	Vehicle Action Prior to Crash 6 22 Damaged Area Code: 7 27 27 27
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> W 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 18 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32
	Towed from scene? 2 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	XXXXXX	XXXX	1	0	4	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

Legend Arrow



Crash Narrative:

Vehicle #1 was traveling south on Southbridge St in the left lane. Vehicle #2 was attempting to make a left turn out of the Bank of America parking lot. A trailer truck (veh. #3) was traveling south on Southbridge St in the right lane. The Trailer truck stopped to allow vehicle #2 to pull out onto Southbridge St. Vehicle #2 began to pull out onto Southbridge St but his visibility was obstructed by the trailer truck. As vehicle #2 pulled past the trailer truck it pulled in front of vehicle #1 giving vehicle #1 no time to stop and vehicle #1 crashed into vehicle #2.

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 Tod J Kuchnicki 49TK Auburn Police Department 01/05/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date