

Date of Crash 03/12/2024	Time of Crash 0700 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 1	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# 284 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 _____ Mile Marker _____ or _____ 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 _____		
			Landmark _____		

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 24-85-AC**

License # SA0580773 St MA DOB/Age 10/22/2002	Reg # C778 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____	Veh Year 2009 Veh Make CHEVROLET Veh Config. 2 21
Operator BENOIT, JACOB WILLIAM	Owner BENOIT, JACOB WILLIAM
Address 30 COLICUM DR	Address 30 COLICUM DR
City CHARLTON State MA Zip 01507-1443	City CHARLTON State MA Zip 01507-1443
Insurance Company ARBELLA MUTUAL INSURANCE	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 11 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 21 23 23 23 23 Test Status: 28
Citation # (If Issued) _____	Most Harmful Event 21 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? 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	XXXX	XX	1	1	1	0	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	XXXX

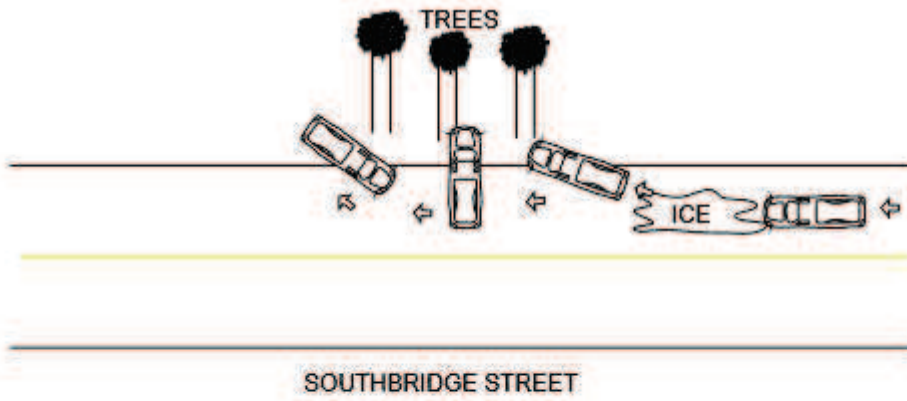
Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

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: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Event Sequence 23 23 23 23 Test Status: 28
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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	XXXX	XX	1							

Crash Diagram:

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If Crash Did Not Occur on a Public Way:

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

I ... Arrow



Crash Narrative:

Vehicle 1 (Single vehicle crash), was travelling north on Southbridge Street in the area of #284. The road surface was icy in the area and the vehicle lost traction and slid off the right side of the road. The vehicle collided with multiple trees and spun around 180 degrees. The vehicle sustained damage to all sides including the roof.

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 John P MacLean

Police Officer Name (Please Print)

Signature

65JM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

03/12/2024

Date