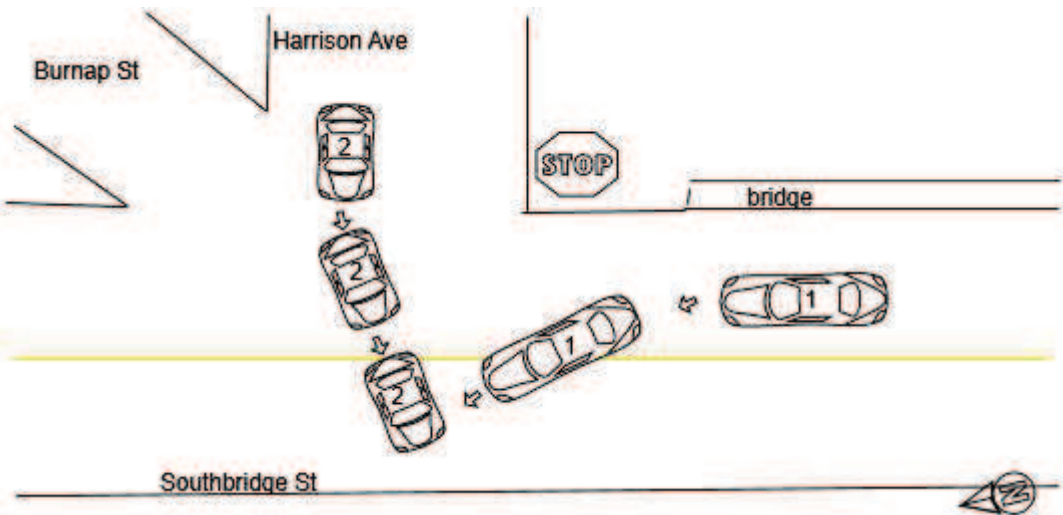


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 04/06/2023		Time of Crash 0721 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 3	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# Direction SOUTHBRIDGE ST Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																	
At						Feet N S E W of . or Exit Number																	
Route# Direction HARRISON AVE Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street																	
Also at Intersection with						Feet N S E W of Landmark																	
Route# Direction Name of Intersecting Roadway/Street																							
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 23-117-AC															
License # S62597152 St MA DOB/Age 06/27/1972						Reg # 4PAV60 Reg Type PC Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2013 Veh Make HYUNDAI Veh Config. 1																	
Operator CRONIN, COURTNEY E Last First Middle						Owner CRONIN, COURTNEY E Last First Middle																	
Address 451 OXFORD STREET NO						Address 451 OXFORD STREET NO																	
City AUBURN State MA Zip 01501-1938						City AUBURN State MA Zip 01501-1938																	
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 1 27 2 27 8 27											
Vehicle Travel Direction: X S E 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											
Please fill out for operator and all occupants involved						Towed from scene? 1 33																	
Name (Last First Middle)		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	
Operator		See Above		X		X		1		1		1		0		0		●		1			
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Non-Motorist A		Type 15		Action 16		Location 17		Condition 18		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped							
License # St DOB/Age						Reg # 1FNX35 Reg Type PC Reg State MA																	
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2007 Veh Make FORD Veh Config. 1																	
Operator Last First Middle						Owner TALLIS, JOCELYN AMY Last First Middle																	
Address						Address 5 WESTLUND AVE																	
City State Zip						City AUBURN State MA Zip 01501-2416																	
Insurance Company LIBERTY MUTUAL PERSONAL I						Vehicle Action Prior to Crash 4 22						Damaged Area Code: 7 27 27 27											
Vehicle Travel Direction: X S E 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 19 25						BAC Test Result: 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26						Susp. Alcohol: 31 Susp. Drug: 32											
Please fill out for operator/non-motorist and all occupants involved						Towed from scene? 1 33																	
Name (Last First Middle)		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	
Operator/Non-Motorist		See Above		X		X		1		1		2		0		0		●		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:

V1 was travelling north on Southbridge St. V2 was stop on Harrison Ave and proceeded to turn left onto Southbridge St travelling south while entering Southbridge St. V2 failed to yield the right of way to V1. As V2 entered the roadway the operator of V1 braked and tried to avoid the collision by steering left. There is an obstructed view to motorists on Harrison Ave. the vegetation and bridge structure obscure northbound traffic on Southbridge St.

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 Adam D Gustafson

Police Officer Name (Please Print)

Signature

62AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/06/2023

Date