

Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 04/14/2023		Time of Crash 0902 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# Direction BARBARA AVE Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																	
At						Feet N S E W of . or Exit Number																	
Route# Direction SOUTH ST 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																	
Route# Direction Name of Intersecting Roadway/Street						Landmark																	
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# 23-126-AC															
License # S53854735 St MA DOB/Age 07/01/1975						Reg # M90613 Reg Type DC Reg State MA																	
Sex M Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2014 Veh Make Veh Config. 16 21																	
Operator COTTLE, ROBERT A Last First Middle						Owner AUBURN TOWN OF HIGHWAY DEPT Last First Middle																	
Address 32 MANOR RD						Address 5 MILLBURY ST																	
City AUBURN State MA Zip 01501-1836						City AUBURN State MA Zip 01501																	
Insurance Company NATIONAL UNION FIRE INSUR						Vehicle Action Prior to Crash 10 22						Damaged Area Code: 0 27 27 27											
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 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: 2 31 Susp. Drug: 2 32											
Please fill out for operator and all occupants involved						Towed from scene? 2 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		99		5		0		0		10		1			
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #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 # S81463074 St MA DOB/Age 02/10/1959						Reg # 54AJ22 Reg Type PAN Reg State MA																	
Sex F Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2016 Veh Make HYUNDAI Veh Config. 1 21																	
Operator NELSON, DEBRA ANN Last First Middle						Owner NELSON, DEBRA ANN Last First Middle																	
Address 6 BARBARA AVE						Address 6 BARBARA AVE																	
City AUBURN State MA Zip 01501						City AUBURN State MA Zip 01501																	
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 2 22						Damaged Area Code: 2 27 1 27 27											
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Please fill out for operator/non-motorist and all occupants involved						Towed from scene? 2 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		99		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

Intersection Arrow

↑

Crash Narrative:

VEHICLE ONE (A STREET SWEEPER FOR THE TOWN OF AUBURN) AND VEHICLE TWO WERE STOPPED AT THE INTERSECTION OF BARBARA AVE AND SOUTH STREET. VEHICLE ONE ATTEMPTED TO BACK UP AND STRUCK VEHICLE TWO.

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

Lieutenant Stephanie L Hayward

Police Officer Name (Please Print)

Signature

68SS

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/14/2023

Date