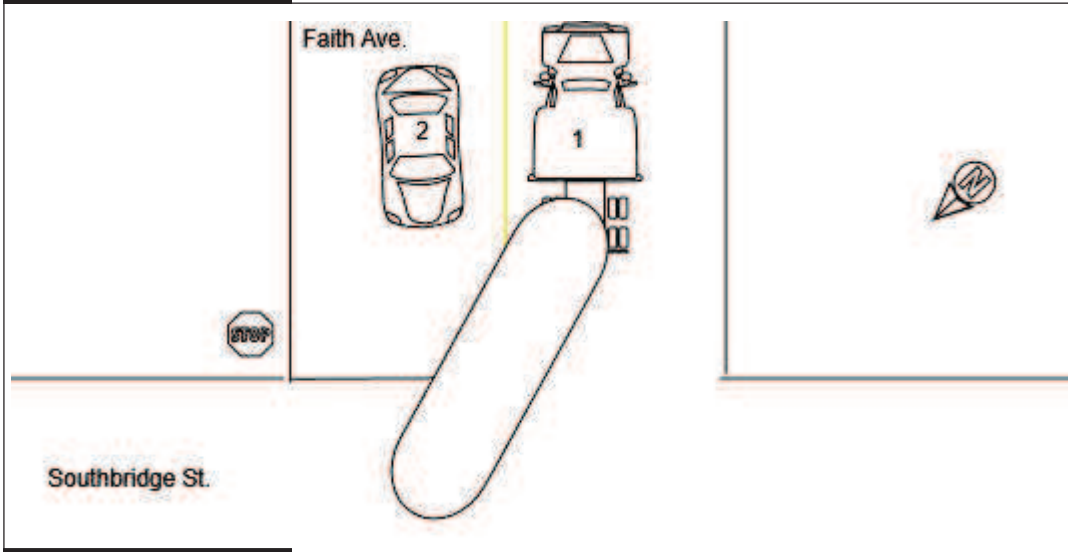


Police Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 04/24/2023		Time of Crash 1459 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																							
<div>11</div> <div>1</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>FAITH AVE</div> <div>Feet NSEW of or Mile Marker Exit Number</div> <div>311</div> <div>30 Feet NSXW of SOUTHBRIDGE ST</div> <div>Feet NSEW of Route# Intersecting Roadway/Street</div> <div>Landmark</div>																									
						<div>21</div> <div>3</div> <div>Please Select One of the Following:</div> <div><input checked="" type="checkbox"/> Vehicle 11 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div>Crash Report ID# 23-133-AC</div>																									
						<div>41</div> <div>License # N100149067072 St MI DOB/Age 01/27/1964</div> <div>Sex U Lic. Class 1919 Lic. Restrictions 20 CDL Endorsement</div> <div>Operator NEFF, DOUGLAS</div> <div>Address 126 N ITHACA ST</div> <div>City ITHACA State MI Zip 488471228</div> <div>Insurance Company</div> <div>Vehicle Travel Direction: NSXW Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>112</div> <div>Reg # RB11617 Reg Type APN Reg State MI</div> <div>Veh Year 2014 Veh Make Truck Veh Config. 1021</div> <div>Owner AVALON &amp; TAHOE MFG INC</div> <div>Address 903 MICHIGAN AVE</div> <div>City ALMA State MI Zip 488011933</div> <div>Vehicle Action Prior to Crash 422</div> <div>Event Sequence 1232323</div> <div>Most Harmful Event 124</div> <div>Driver Contributing Code 62525</div> <div>Driver Distracted by 026</div> <div>Damaged Area Code: 0272727</div> <div>Test Status: 128</div> <div>Type of Test: 29</div> <div>BAC Test Result: 130</div> <div>Susp. Alcohol: 231 Susp. Drug: 232</div> <div>Towed from scene? 233</div>																			
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved																									
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		4		0		0		10		1			
Please Select One of the Following:						Please Select One of the Following:						Please Select One of the Following:																			
<div>71</div> <div><input checked="" type="checkbox"/> Vehicle 21 #Occupants</div> <div><input type="checkbox"/> Non-Motorist A</div> <div>Type 15</div> <div>Action 16</div> <div>Location 17</div> <div>Condition 18</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div>						<div>81</div> <div>License # SA2100217 St MA DOB/Age 08/15/2003</div> <div>Sex F Lic. Class 1919 Lic. Restrictions 20 CDL Endorsement</div> <div>Operator MACK, LEANNAH FAYE</div> <div>Address 16 RICHARDSON CORNER RD</div> <div>City CHARLTON State MA Zip 01507-1428</div> <div>Insurance Company THE STANDARD FIRE INSURAN</div> <div>Vehicle Travel Direction: NSEX Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>92</div> <div>Reg # 2GPE81 Reg Type PC Reg State MA</div> <div>Veh Year 2012 Veh Make NISSAN Veh Config. 121</div> <div>Owner STEVENS, NICOLE E</div> <div>Address 16 RICHARDSON CORNER RD</div> <div>City CHARLTON State MA Zip 01507-1428</div> <div>Vehicle Action Prior to Crash 122</div> <div>Event Sequence 1232323</div> <div>Most Harmful Event 124</div> <div>Driver Contributing Code 12525</div> <div>Driver Distracted by 026</div> <div>Damaged Area Code: 8272727</div> <div>Test Status: 128</div> <div>Type of Test: 29</div> <div>BAC Test Result: 130</div> <div>Susp. Alcohol: 231 Susp. Drug: 232</div> <div>Towed from scene? 133</div>																			
Please fill out for operator/non-motorist and all occupants involved						Please fill out for operator/non-motorist and all occupants involved																									
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		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

Indicate Direction of Travel with Arrow



### Crash Narrative:

Operator of vehicle 1 reported he thought the GPS indicated the turn onto Faith Ave was for the highway on ramp. Operator of vehicle 2 was stopped for the red light and realized the TT unit was not going to make the turn so began to back up to make room. When the operator of vehicle 1 thought there was enough room he completed the turn but struck the front driver side corner of 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 # **RB11617** (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use **42**

Address **903 MICHIGAN AVE** City **ALMA** St **MI** Zip **48801**

US DOT #: **306396** State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate **43** Cargo Body Type Code **44** GVWR/GCWR **45**

Trailer Reg #: **E372819** Reg Type **TRN** Reg State **MI** Reg Year **2014** Trailer Length **97** **46**

### Hazmat Information:

Placard **47** Material 1 digit # **48** Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code **49**

Patrolman Tyler F Bresse

Police Officer Name (Please Print)

Signature

83TB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/24/2023

Date