

Date of Crash **06/01/2023** Time of Crash **1611** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# **700** Direction _____ Address # **SOUTHBRIDGE ST** Name of Roadway/Street _____

Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____

Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____

Feet **N S E W** of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 23-181-AC**

License # **S82556672** St **MA** DOB/Age **02/08/1995** Reg # **X32560** Reg Type **CON** Reg State **MA**

Sex **M** Lic. Class **A 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2023** Veh Make **FORD** Veh Config. **1 21**

Operator **JUDICE, ANTHONY WILLIAM** Owner **KEVIN ALLEN CARPENTRY INC**

Address **145 CHARLTON ST** Address **707 MAIN ST**

City **OXFORD** State **MA** Zip **01540-2005** City **BOYLSTON** State **MA** Zip **01505-1449**

Insurance Company **FARM FAMILY CASUALTY INSU** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 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: **1 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **1 33**

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	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 # **S62284542** St **MA** DOB/Age **03/20/1995** Reg # **2TTW81** Reg Type **PAN** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2019** Veh Make **SUBARU** Veh Config. **1 21**

Operator **HO, STEPHANIE** Owner **HO, STEPHANIE**

Address **35 FALMOUTH ST** Address **35 FALMOUTH ST**

City **WORCESTER** State **MA** Zip **01607-1313** City **WORCESTER** State **MA** Zip **01607-1313**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **1 27 8 27 27**

Vehicle Travel Direction: **N S X W** 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 **4 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **1 33**

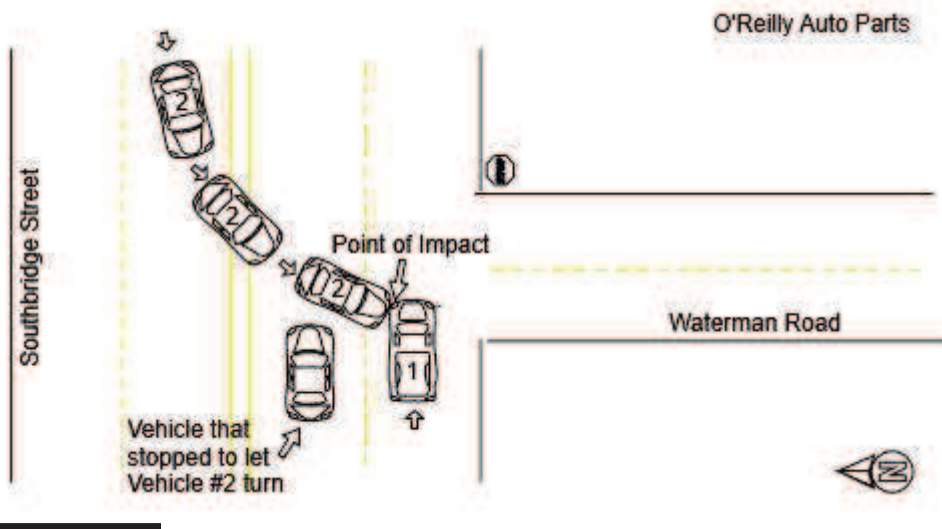
Please fill out for operator/non-motorist and all occupants involved

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	XXXXXX	XXXX	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

← Arrow



Crash Narrative:

Vehicle #1 was traveling westbound on Southbridge Street (public way). Vehicle #2 was traveling eastbound on Southbridge street and was stopping to turn left onto Waterman Road (public way). While Vehicle #2 was waiting to turn a vehicle in the inside lane traveling westbound stopped to let Vehicle #2 turn. Vehicle #2 began to turn not realizing there was another lane of traffic still traveling straight ahead and had the right of way. Vehicle #1 collided with vehicle #2 as Vehicle #2 was making the turn onto Waterman Road. Vehicle #1 operator stated that he thought the car that stopped was turning and didn't even know a car was trying to turn until it was to late. Both vehicles were towed from the scene. No injuries to report.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
FULGINITI SHEILA M	23 THAYER POND DR Apt. #6 NORTH OXFORD MA 01537-1	██████████	

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 Alex K Myers 89AM Auburn Police Department 06/01/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date