

Date of Crash **07/08/2023** Time of Crash **1546** 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# **547** 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 **12** #Occupants  Hit/Run  Moped Crash Report ID# **23-223-AC**

License # **S45322351** St **MA** DOB/Age **11/09/1981** Reg # **377XC6** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2014** Veh Make **ACURA** Veh Config. **1**

Operator **MCCULLOUGH, ALEXANDRA C** Owner **MCCULLOUGH, ALEXANDRA C**

Address **9 BIRCH HILL RD** Address **9 BIRCH HILL RD**

City **ASHLAND** State **MA** Zip **01721-1125** City **ASHLAND** State **MA** Zip **01721-1125**

Insurance Company **UNITED SERVICES AUTOMOBIL** Vehicle Action Prior to Crash **6** Damaged Area Code: **5**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **28**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**

Towed from scene? **2**

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
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>
<b>KATHRYN KUSHNER</b>	<b>24 TANGLEWOOD RD EAST WALPOLE, MA 02032-1357</b>	<b>11/13/1981</b>	<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle **21** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S92973885** St **MA** DOB/Age **01/14/1988** Reg # **3TKC51** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2018** Veh Make **TOYOTA** Veh Config. **1**

Operator **BRUNETT, ALEXANDRIA KRISTYNE** Owner **BRUNETT, ALEXANDRIA KRISTYNE**

Address **750 SCHOOL ST** Address **750 SCHOOL ST**

City **WEBSTER** State **MA** Zip **01570-2923** City **WEBSTER** State **MA** Zip **01570-2923**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **2** Damaged Area Code: **1**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **28**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** Susp. Alcohol: **2** Susp. Drug: **2**

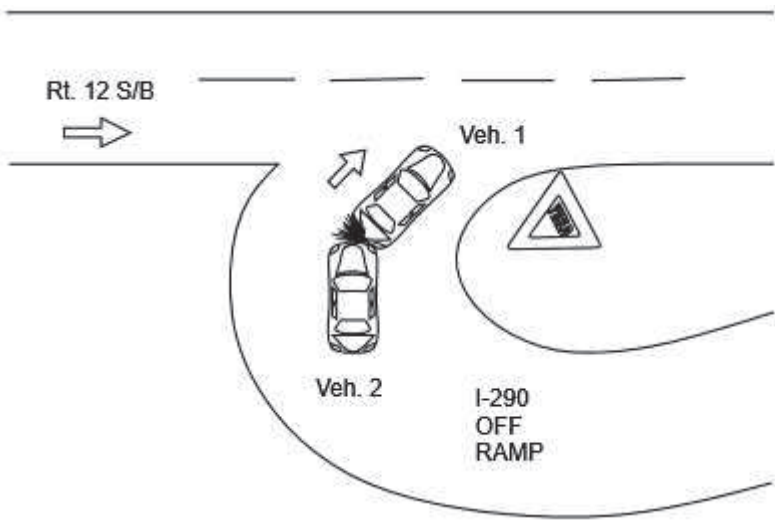
Towed from scene? **2**

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
<b>Operator/Non-Motorist</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

→ = 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

North Arrow



**Crash Narrative:**

Vehicle one was at a yield sign waiting to turn onto Rt. 12 (public way) from I-290.  
 Vehicle two was behind vehicle one while exiting I-290. Vehicle two failed to yield to vehicle one, as a result vehicle two rear ended vehicle one. Both vehicles were driveable.  
 All parties involved declined needing an ambulance.

**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 Stephen Koopman**

Police Officer Name (Please Print)

Signature

**80SK**

ID/Badge #

**Auburn Police Department**

Department

Precinct/Barracks

**07/08/2023**

Date