

Date of Crash 05/08/2024 Time of Crash 2308 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other: []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Location details including Route#, Direction, Name of Roadway/Street, and Name of Intersecting Roadway/Street.

Please Select One of the Following: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped Crash Report ID# 24-132-AC

Operator and Owner information including License #, Sex, Lic. Class, Reg #, Veh Year, Veh Make, Veh Config, Address, City, State, Zip, Insurance Company, Vehicle Travel Direction, Event Sequence, Most Harmful Event, Driver Contributing Code, Driver Distracted by, Damaged Area Code, Test Status, Type of Test, BAC Test Result, Susp. Alcohol, Susp. Drug, Towed from scene?

Table for Operator and all occupants involved with columns for Name, Address, DOB/Age, Sex, Seat Pos., Safety System, Airbag Status, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility.

Please Select One of the Following: [] Vehicle 2 #Occupants [] Hit/Run [] Moped [] Vulnerable User Complete the Vulnerable User section.

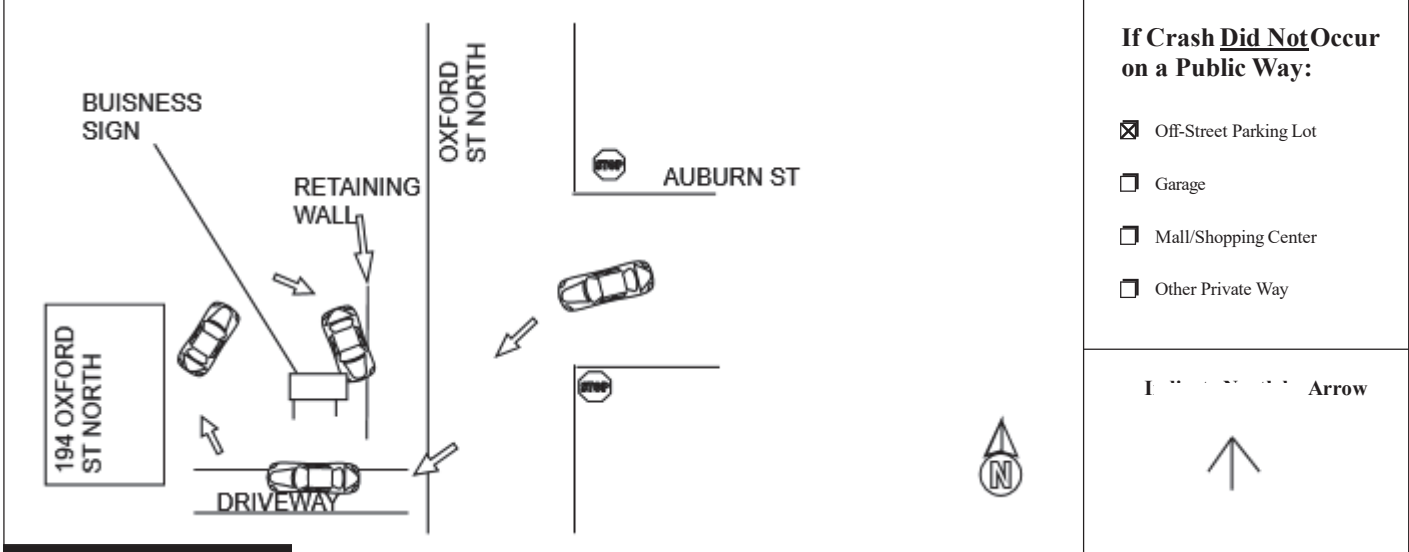
Operator and Owner information for a second vehicle, including License #, Sex, Lic. Class, Reg #, Veh Year, Veh Make, Veh Config, Address, City, State, Zip, Insurance Company, Vehicle Travel Direction, Event Sequence, Most Harmful Event, Driver Contributing Code, Driver Distracted by, Damaged Area Code, Test Status, Type of Test, BAC Test Result, Susp. Alcohol, Susp. Drug, Towed from scene?

Table for Operator/Occupants involved with columns for Name, Address, DOB/Age, Sex, Seat Pos., Safety System, Airbag Status, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility.

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

ie: → 1 → 2 → ○ → ○

Crash Diagram:



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate Arrow



Crash Narrative:

VEHICLE ONE LOST CONTROL OF VEHICLE DUE TO BRAKE FAILURE, PULLED INTO THE DRIVEWAY OF 194 OXFORD ST NORTH, TURNED RIGHT INTO THE FRONT YARD OF THE BUSINESS, CONTINUED TO TURN RIGHT TOWARDS OXFORD STREET NORTH. CRASHED INTO THE SIGN OF THE BUISNESS AND THE VEHICLE PARTIALLY WENT OFF THE RETAINING WALL IN THE FRONT YARD.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
ROMAN CATHOLIC BISHOP	194 OXFORD ST N AUBURN MA 01501			BUISNESS SIGN
ROMAN CATHOLIC BISHOP	194 OXFORD ST N AUBURN MA 01501			RETAINING WALL

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 ANDREW F MARKVENAS 93AM Auburn Police Department 05/09/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date