

Date of Crash **05/12/2024** Time of Crash **1020** 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:

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# **79** Direction _____ Address # **SUMNER 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 Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **24-139-AC**

License # **S74793661** St **MA** DOB/Age **08/09/1976** Reg # **2ZTT75** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2002** Veh Make **GMC** Veh Config. **1 21**

Operator **DANIELS, JACOB JOSEPH** Owner **DANIELS, JACOB JOSEPH JR**

Address **45 SUMNER ST** Address **45 SUMNER ST**

City **AUBURN** State **MA** Zip **01501-0000** City **AUBURN** State **MA** Zip **01501-1714**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 27 27**

Vehicle Travel Direction: S E 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 9 25** BAC Test Result: **1 30**

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

Towed from scene? **2 33**

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
Operator		See Above	X	X	1	99	4	0	0	10	1

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

License # **S76811853** St **MA** DOB/Age **11/15/1954** Reg # **3TRS37** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2021** Veh Make **FORD** Veh Config. **1 21**

Operator **MANDELLA, DONALD PAUL** Owner **MANDELLA, DONALD PAUL**

Address **58 SUMNER ST** Address **58 SUMNER ST**

City **AUBURN** State **MA** Zip **01501-1715** City **AUBURN** State **MA** Zip **01501-1715**

Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **7 27 27 27**

Vehicle Travel Direction: N E 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 **1 25 25** BAC Test Result: **1 30**

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

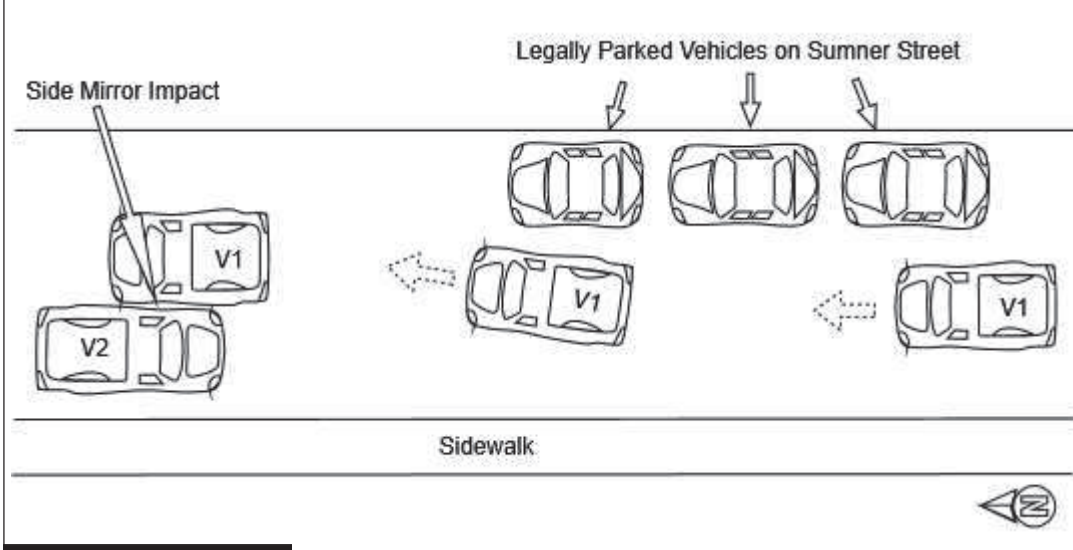
Towed from scene? **2 33**

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
Operator/Occupants		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

Legend: Arrow



Crash Narrative:

On Sunday May 12, 2024 the Auburn Police Department responded to a two car motor vehicle accident that occurred in the area of #79 Sumner Street. The operator of V2 called to report that he was traveling south bound on Sumner Street and stopped for V1 heading north bound on Sumner Street that came into his lane. The operator of V2 stated V1's driver's side mirror struck his driver's side mirror while passing. After V1 returned to the area from being called by his family he denied any contact between the vehicles. Upon investigating the driver's mirror to V1, it had what appeared to be recent damage on the outside and a broken mirror portion on the opposite side. After returning to the station I contacted the operator of V1 via phone and informed him of the Accident Report number. The operator of V1 then stated that the collision did happen between V1 and V2.

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 Brandon M Starkus 71BS Auburn Police Department 05/12/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date