

Date of Crash **06/12/2024** Time of Crash **1046** 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:

SOUTHBRIDGE ST
Route# Direction Name of Roadway/Street
At
FAITH AVE
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-184-AC**

License # **S16403830** St **MA** DOB/Age **02/19/1966** Reg # **537TX4** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement
Operator **CUTTING, DAVID ALFRED** Owner **CUTTING, DAVID ALFRED**
Address **21 WARREN RD** Address **21 WARREN RD**
City **AUBURN** State **MA** Zip **01501** City **AUBURN** State **MA** Zip **01501**
Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **4** Damaged Area Code: **3**
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**
Citation # (If Issued) Most Harmful Event **1** Type of Test: **1**
Viol. 1: Ch/Sec/Sub Driver Contributing Code **4** BAC Test Result: **1**
Viol. 2: Ch/Sec/Sub Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**
Viol. 3: Ch/Sec/Sub 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
Operator		See Above	X	X	1	1	4	0	0	10	1

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

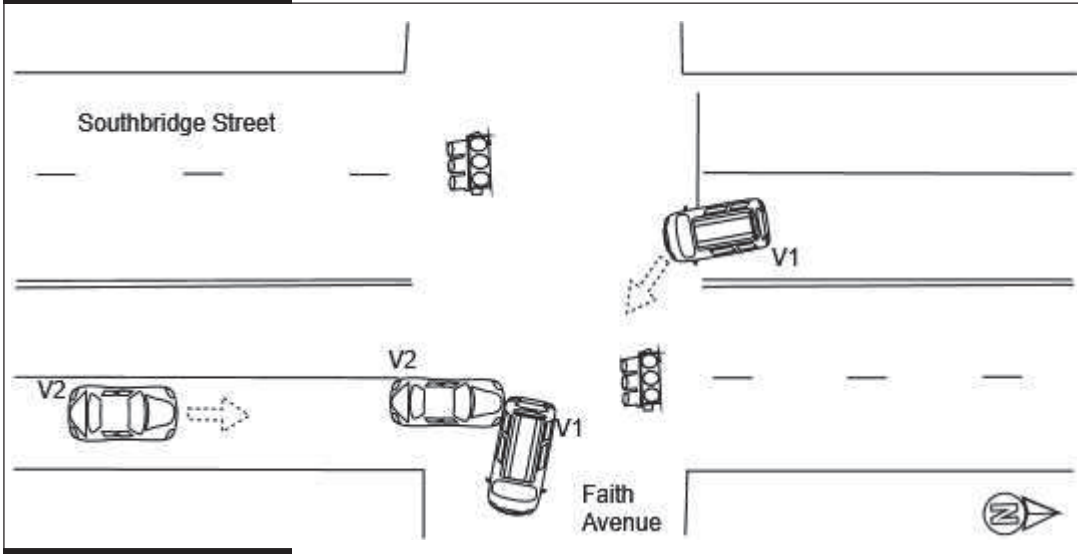
License # **S18651503** St **MA** DOB/Age **12/27/1991** Reg # **873LL5** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement
Operator **JORDAN, TYLER PHILLIP** Owner **JORDAN, TYLER PHILLIP**
Address **184 PLEASANT ST** Address **184 PLEASANT ST**
City **LEICESTER** State **MA** Zip **01524** City **LEICESTER** State **MA** Zip **01524**
Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** Damaged Area Code: **2**
Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**
Citation # (If Issued) Most Harmful Event **1** Type of Test: **1**
Viol. 1: Ch/Sec/Sub Driver Contributing Code **1** BAC Test Result: **1**
Viol. 2: Ch/Sec/Sub Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**
Viol. 3: Ch/Sec/Sub 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
Operator/Occupants		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

Insert Arrow



Crash Narrative:

On Wednesday, June 12, 2024 at approximately 1046hrs the Auburn Police Department responded to a two car motor vehicle accident at the intersection of Southbridge Street and Faith Avenue. V1 was traveling south bound on Southbridge Street and trying to take a left hand turn onto Faith Avenue. V2 was traveling north bound on Southbridge Street. V1 did not see V2 and turned in front of V2. V2 was unable to avoid colliding with the passengers side rear corner of V1. No injuries were reported on scene. Both vehicles were driven away from the scene.

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

Police Officer Name (Please Print)

Signature

71BS

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/12/2024

Date