

Date of Crash **06/15/2024** Time of Crash **1310** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **35** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**SOUTHBRIDGE ST**  
Route# Direction Name of Roadway/Street  
At  
**WATERMAN RD**  
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 Crash Report ID# **24-195-AC**

License # **S09406820** St **MA** DOB/Age **01/15/1934** Reg # **2RZR71** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL Endorsement  
Operator **BJORKLUND, BETTY C** Owner **BJORKLUND, BETTY C**  
Address **32 STONEVILLE HTS APT 32** Address **32 STONEVILLE HTS APT 32**  
City **AUBURN** State **MA** Zip **01501** City **AUBURN** State **MA** Zip **01501**  
Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **2** **27** **3** **27** **27**  
Vehicle Travel Direction:  **S**  **E**  **W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **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 **99** **25** **25** BAC Test Result: **30**  
Viol. 3: Ch/Sec/Sub Driver Distracted by **99** **26** **26** Susp. Alcohol: **31** Susp. Drug: **32**  
Towed from scene? **1** **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
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>99</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>

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

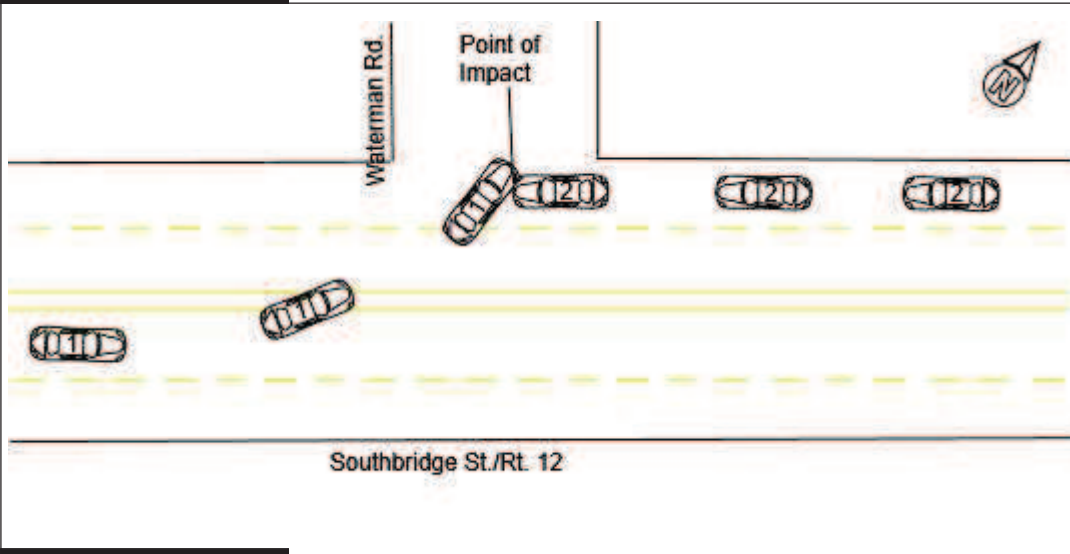
License # **S17917095** St **MA** DOB/Age **04/05/1979** Reg # **4RR894** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **99** **19** **19** Lic. Restrictions **20** CDL Endorsement  
Operator **WERDANN, ROBERT JOHN** Owner **WERDANN, ROBERT JOHN**  
Address **16 MATHURIN RD** Address **16 MATHURIN RD**  
City **PLAINVILLE** State **MA** Zip **02762-2414** City **PLAINVILLE** State **MA** Zip **02762-2414**  
Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **7** **27** **8** **27** **27**  
Vehicle Travel Direction:  **N**  **E**  **W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **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 **99** **25** **25** BAC Test Result: **30**  
Viol. 3: Ch/Sec/Sub Driver Distracted by **99** **26** **26** Susp. Alcohol: **31** Susp. Drug: **32**  
Towed from scene? **1** **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
<b>Operator/Occupants</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>99</b>	<b>1</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

Indicate Direction with Arrow



**Crash Narrative:**

Vehicle 1 was travelling north on Southbridge St. and making a left turn onto Waterman Rd. Vehicle 2 was travelling south on Southbridge St. headed straight when vehicle 1 collided with vehicle 2.

Both operators were checked out by Auburn EMS and the o [REDACTED]

Both vehicles were towed from the scene by Dizenzo's.

**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 Kendall L Perrault

Police Officer Name (Please Print)

Signature

79KP

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/15/2024

Date