

Date of Crash **06/19/2024** Time of Crash **0959** 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:**

1

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <b>123</b> Direction _____ Address # <b>AUBURN ST</b> Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <b>N S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____
	_____ Feet <b>N S E W</b> of _____ Landmark _____

2

3

2

3

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped **Crash Report ID# 24-201-AC**

4

License # **S66913471** St **MA** DOB/Age **06/21/1995** Reg # **4LSX34** Reg Type **PAN** Reg State **MA**  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2012** Veh Make **KIA** Veh Config. **1** **21**  
 Operator **STANTON, NICHOLAS PAUL** Owner **STANTON, NICHOLAS PAUL**  
 Address **16 SUNRISE AVE** Address **16 SUNRISE AVE**  
 City **AUBURN** State **MA** Zip **01501-1153** City **AUBURN** State **MA** Zip **01501-1153**  
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **6** **22** Damaged Area Code: **1** **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 \_\_\_\_\_ Driver Contributing Code **4** **25** **19** **25** BAC Test Result: **1** **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**  
 Towed from scene? **2** **33**

1

1

6

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>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

7

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

8

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **3VZJ73** Reg Type **PAN** Reg State **MA**  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2013** Veh Make **SUBARU** Veh Config. **1** **21**  
 Operator \_\_\_\_\_ Owner **ADAMS, KARL RUSSELL**  
 Address \_\_\_\_\_ Address **171 ROCHDALE ST**  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **AUBURN** State **MA** Zip **01501-1149**  
 Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **27** **27**  
 Vehicle Travel Direction:  **N S**  **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 \_\_\_\_\_ Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**  
 Towed from scene? **2** **33**

1

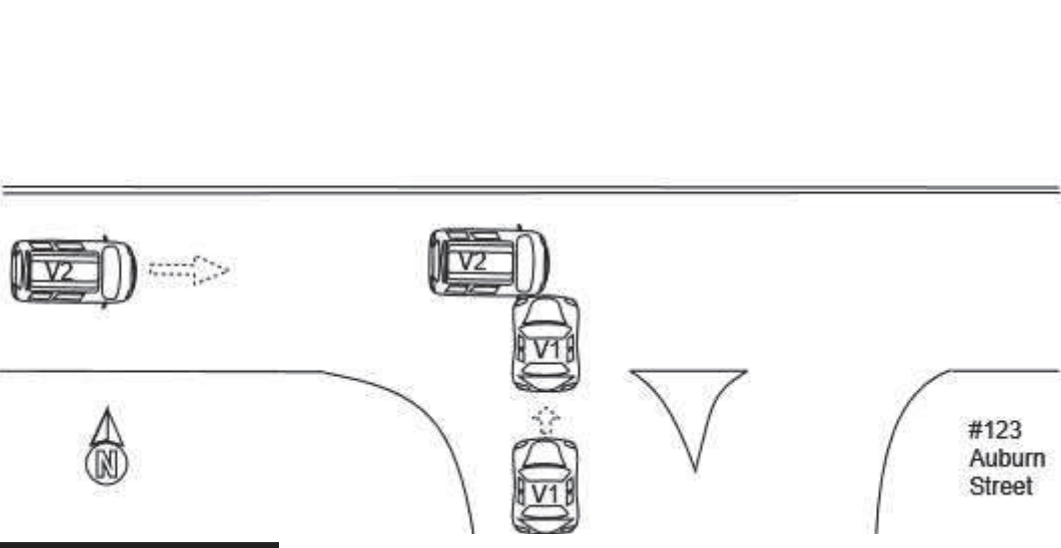
9

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>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

↑ Arrow



**Crash Narrative:**

On Wednesday, June 19, 2024 at approximately 0959hrs the Auburn Police Department responded to a two car motor vehicle accident in the area of #123 Auburn Street. V1 pulled out onto Auburn Street without realizing V2 was traveling east bound on Auburn Street. V2 was unable to avoid the collision. No injuries were reported on scene and both vehicles were driven 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

06/19/2024

Date