

Date of Crash **07/12/2024** Time of Crash **1557** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

WASHINGTON ST
 Route# _____ Direction _____ Name of Roadway/Street _____
 At _____
ELM ST
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-240-AC**

License # **S55878154** St **MA** DOB/Age **03/14/1960** Reg # **2VN760** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL _____ Veh Year **2014** Veh Make **JEEP** Veh Config. **1** **21**
 Operator **STAPINSKI, MARK** Owner **STAPINSKI, MARK**
 Address **69 BEDFORD AVE** Address **69 BEDFORD AVE**
 City **WORCESTER** State **MA** Zip **01604-3139** City **WORCESTER** State **MA** Zip **01604-3139**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **5** **27** **6** **27** **27**
 Vehicle Travel Direction: N 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 **1** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **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
Operator	See Above	XXXXXX	XX	1	1	4	0	0	■	■	XXXXXX

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

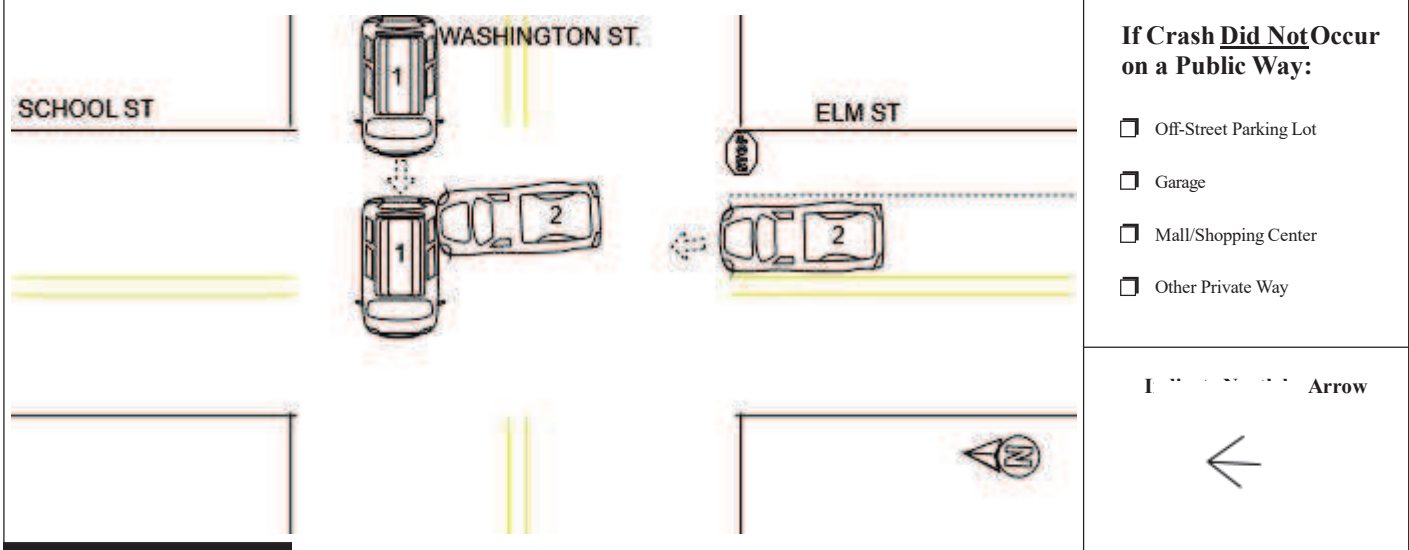
License # **SA2730294** St **MA** DOB/Age **07/11/1990** Reg # **V14510** Reg Type **CON** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2019** Veh Make **FORD** Veh Config. **1** **21**
 Operator **GUALLAN GUANOLEMA, EDISON** Owner **AMERICAN ENVIRONMENTAL INC**
 Address **20 FREMONT ST** Address **18 N CANAL ST**
 City **SPRINGFIELD** State **MA** Zip **01105** City **HOLYOKE** State **MA** Zip **01040-5833**
 Insurance Company **ZURICH AMERICAN INSURANCE** Vehicle Action Prior to Crash **6** **22** Damaged Area Code: **2** **27** **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 **19** **25** **4** **25** BAC Test Result: **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	XXXXXX	XX	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

Direction of Travel Arrow



Crash Narrative:

VEHICLE 1 WAS TRAVELING WEST ON WASHINGTON ST. VEHICLE 2 WAS AT A STOP SIGN ON ELM ST. WAITING TO CROSS THE INTERSECTION AND CONTINUE ON SCHOOL ST. VEHICLE 2 ENTERED THE INTERSECTION AND ATTEMPTED TO MAKE IT ACROSS AND HIT THE REAR OF VEHICLE 1.

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 Brandyn J Geldart 86BG Auburn Police Department 07/12/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date