

Date of Crash **07/31/2024** Time of Crash **1136** 24HR City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **5** 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# **5** Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street **MILLBURY ST**  
 \_\_\_\_\_ 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# **24-257-AC**

License # **34351493** St **TX** DOB/Age **06/01/1967** Reg # **RC17225** Reg Type **APN** Reg State **MI**  
 Sex **M** Lic. Class **A 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2023** Veh Make **MACK** Veh Config. **10 21**  
 Operator **BURNETT, GORDON ANTHONY** Owner **M & K TRUCK LEASING**  
 Address **200 PURPLE SLATE PL** Address **8800 BYRON COMMERCE DR SW**  
 City **SPRING** State **TX** Zip **77381** City **BYRON CENTER** State **MI** Zip **49315**  
 Insurance Company **COVINGTON SPECIALTY INS.** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **0 27 27 27**  
 Vehicle Travel Direction:  **S E W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **28**  
 Citation # (If Issued) **NONE** Most Harmful Event **2 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 \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99 26 26** Susp. Alcohol: **31** Susp. Drug: **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
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	<del>XXXX</del>

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **M90016** Reg Type **MVN** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2014** Veh Make **FORD** Veh Config. **2 21**  
 Operator **Driverless M.V.** Owner **AUBURN TOWN OF HIGHWAY DEPT**  
 Address \_\_\_\_\_ Address **5 MILLBURY ST**  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **AUBURN** State **MA** Zip **01501-3368**  
 Insurance Company **HUB INTERNATIONAL** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **8 27 27 27**  
 Vehicle Travel Direction:  **N**  **E**  **W** Responding to Emergency? **2** Event Sequence **23 23 23 23** Test Status: **28**  
 Citation # (If Issued) **NONE** Most Harmful Event **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **25 25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26 26** Susp. Alcohol: **31** Susp. Drug: **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
<b>Operator/Occupants</b>	See Above	<del>XXXX</del>	<del>XX</del>	<b>1</b>							

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ☺ = Bicycle

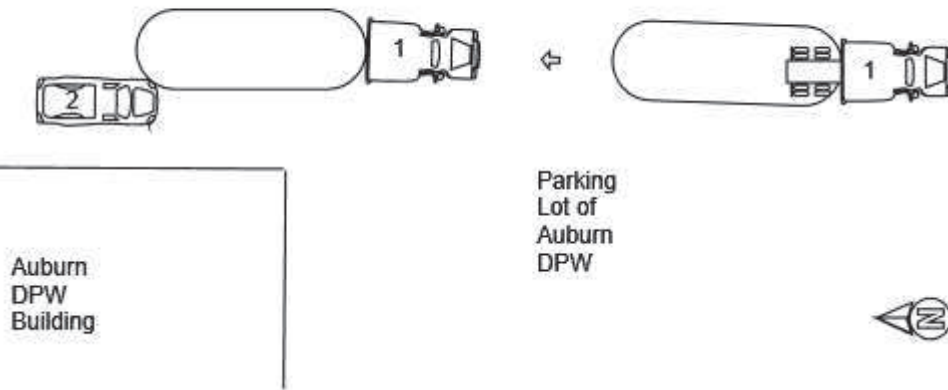
**Crash Diagram:**

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 (V1) pulled into the parking lot of the Auburn DPW to turn around. Vehicle 2 (V2) was parked on the side of the Auburn DPW building unoccupied. As V1 was backing up, it was raining heavily. The rear right bumper of V1 collided with the front left headlight and fender area of V2. This caused moderate damage to V2. V1 sustained no damage. I spoke with Nicole (630-686-6314) from the safety department of V1 for insurance and policy information.

**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 # **RC17225** (From Vehicle Section)

Carrier Name **XXII Century Inc** Bus Use  42

Address **7501 LEMONT RD** City **WOODRIDGE** St **IL** Zip **60517**

US DOT #: **2597074** State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate  43 Cargo Body Type Code  44 GVWR/GCWR  45

Trailer Reg #: **938991ST** Reg Type \_\_\_\_\_ Reg State **IL** Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

Placard  47 Material 1 digit #  48 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code  49

**Sergeant Justin D Starkus** 58JS **Auburn Police Department** 07/31/2024  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date