

Date of Crash **08/18/2024** Time of Crash **1020** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** 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 _____
EATON AVE
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
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 **Crash Report ID# 24-282-AC**

License # **S20604543** St **MA** DOB/Age **05/03/1986** Reg # **167VJ6** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2020** Veh Make **RAM** Veh Config. **1 21**
Operator **WALDRON, CARL** Owner **WALDRON, CARL**
Address **11 EATON AVE** Address **11 EATON AVE**
City **AUBURN** State **MA** Zip **01501-2501** City **AUBURN** State **MA** Zip **01501-2501**
Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **7 27 27 27**
Vehicle Travel Direction: **N X 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: **0 29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Viol. 3: Ch/Sec/Sub _____ 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	See Above	XXXXXX	X	1	1	4	0	0	10	1	

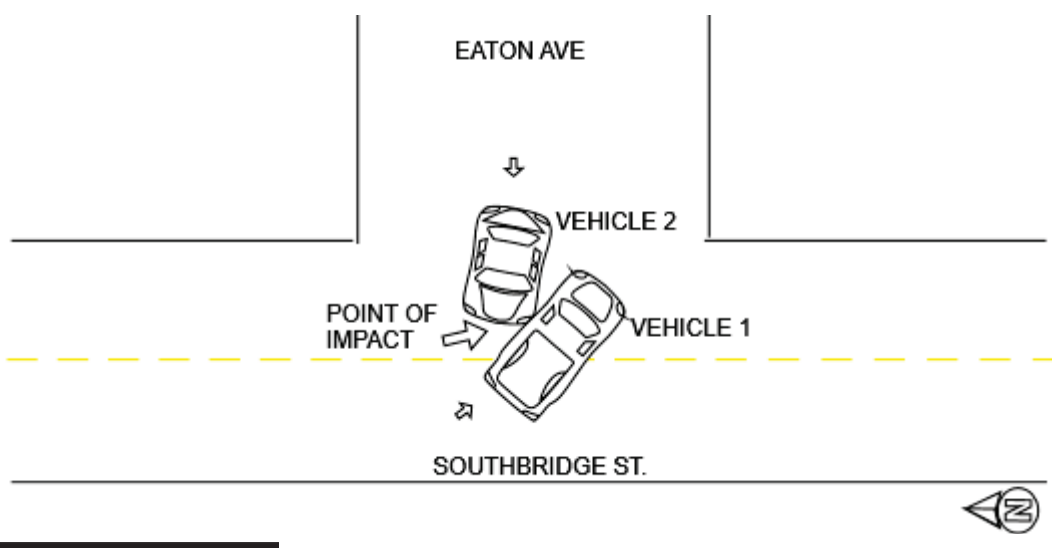
Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # **S31549792** St **MA** DOB/Age **02/03/1998** Reg # **3XVB47** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2022** Veh Make **VOLKSWAGEN** Veh Config. **1 21**
Operator **BRADY, JEREMY** Owner **BRADY, JEREMY**
Address **147 PLYMOUTH AVE** Address **147 PLYMOUTH AVE**
City **EAST WAREHAM** State **MA** Zip **02538-1164** City **EAST WAREHAM** State **MA** Zip **02538-1164**
Insurance Company **FOREMOST INSURANCE COMPAN** Vehicle Action Prior to Crash **3 22** Damaged Area Code: **8 27 27 27**
Vehicle Travel Direction: **X 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: **0 29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **19 25 25** BAC Test Result: **1 30**
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Operator/Occupants	See Above	XXXXXX	X	1	1	4	0	0	10	1	

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 southbound on Southbridge St. (public way) and turning onto Eaton Ave. (public way). Vehicle 2 was traveling on Eaton Ave. and making a right turn onto Southbridge St. and struck Vehicle 1. No injuries and no tows needed.

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