

Date of Crash 08/19/2024	Time of Crash 0801 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **24-284-AC**

License # S25082301 St MA DOB/Age 11/25/1999	Reg # W99902 Reg Type CO Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____	Veh Year 2023 Veh Make MERCEDES-BENZ Veh Config. 2 21
Operator KUNZ, TIMOTHY M	Owner MODERN ENERGY LLC
Address 5 WALL ST APT 2	Address 24 ROCKDALE ST
City WEBSTER State MA Zip 01570-2252	City WORCESTER State MA Zip 01606-1931
Insurance Company PREFERRED MUTUAL INSURANC	Vehicle Action Prior to Crash 1 22
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 2 27 27 27
Citation # (If Issued) _____	Event Sequence 1 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: 28
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: 29
	Most Harmful Event 1 24
	BAC Test Result: 30
	Driver Contributing Code 5 25 25
	Susp. Alcohol: 31 Susp. Drug: 32
	Driver Distracted by 99 26 26
	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	11/25/1999	M	1	99	4	0	0	10	1	
BRANDON COMLEY	115 EDGELL RD FRAMINGHAM, MA 01701-4835	10/28/2004	M	11	99	4	0	0	10	1	

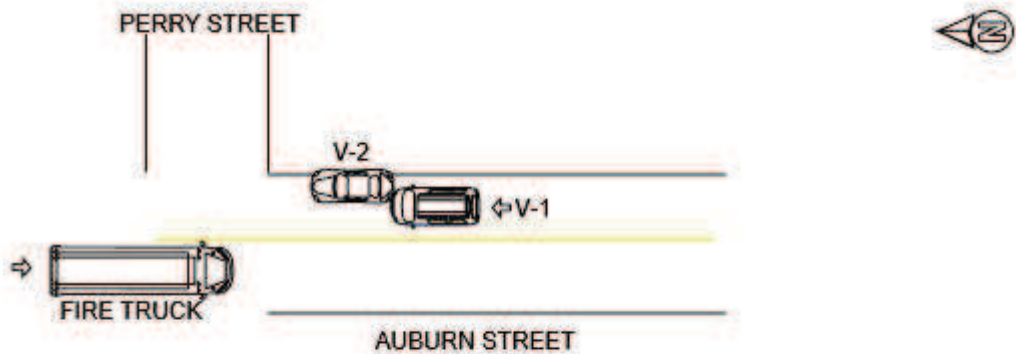
Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # 159722131 St CT DOB/Age 03/10/1988	Reg # BA30789 Reg Type PAN Reg State CT
Sex U Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____	Veh Year 2020 Veh Make CHEVROLET Veh Config. 1 21
Operator GOINS, ANDREW NEAL	Owner GOINS, ANDREW NEAL
Address 36 PROSPECT ST	Address 36 PROSPECT ST
City PUTNAM State CT Zip 06260-2130	City PUTNAM State CT Zip 06260-2130
Insurance Company Esurance Insurance Compan	Vehicle Action Prior to Crash 2 22
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 6 27 27 27
Citation # (If Issued) _____	Event Sequence 1 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: 28
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: 29
	Most Harmful Event 1 24
	BAC Test Result: 30
	Driver Contributing Code 1 25 25
	Susp. Alcohol: 31 Susp. Drug: 32
	Driver Distracted by 0 26 26
	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	03/10/1988	M	1	99	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

Crash Diagram:



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Illustration Arrow



Crash Narrative:

Vehicle 2 (Red SUV), was travelling north on Auburn Street near the intersection of Perry Street. Vehicle 1 (White Van), was travelling behind vehicle 2. Vehicle 2 pulled to the right and came to a stop. This was due to the Auburn Fire Department responding to a medical call with its emergency lights activated. Vehicle 1 collided into the rear of vehicle 2. Vehicle 1 sustained damage to its passenger side front end. Vehicle 2 sustained damage to its driver side rear end. There were no injuries reported. Neither vehicle required a tow.

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 John P MacLean 65JM Auburn Police Department 08/19/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date