

Date of Crash **09/04/2024** Time of Crash **0710** 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:**

AUBURN ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
ROCKLAND RD
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 **12** #Occupants Hit/Run Moped **Crash Report ID# 24-305-AC**

License # _____ St. _____ DOB/Age _____ Reg # **3KYS24** Reg Type **PC** Reg State **MA**
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2021** Veh Make **TOYOTA** Veh Config. **1 21**
Operator _____ Owner **GOODRICH, DAVID JAMES**
Address _____ Address **5 PINEHURST AVE**
City _____ State **MA** Zip **01501-1227**
Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **8 27 7 27 27**
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) **T2035693** Most Harmful Event **1 24** Type of Test: **99 29**
Viol. 1: Ch/Sec/Sub **90 14** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4 25 19 25** BAC Test Result: **1 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? **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	X	1	1	3	0	0	10	1	

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

License # **S56861816** St. **MA** DOB/Age **11/24/1953** Reg # **1A9JW** Reg Type **BU** Reg State **MA**
Sex **F** Lic. Class **B 19 19** Lic. Restrictions **M 20** CDL _____ Veh Year **2024** Veh Make **FREIGHTLINER** Veh Config. **4 21**
Operator **DONABEDIAN, JUDITH ANN** Owner **A A TRANSPORTATION CO INC**
Address **30 ADELLA ST** Address **PO BOX 639 APT 01545**
City **AUBURN** State **MA** Zip **01501-1702** City **SHREWSBURY** State **MA** Zip **01545**
Insurance Company **NEW YORK MARINE AND GENER** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 27 27**
Vehicle Travel Direction: **N S E X** 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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
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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	X	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

Initial Impact Arrow



Crash Narrative:

MV#1 operated by [REDACTED] stopped at the stop sign at Rockland Road and then began to turn left and enter into the Auburn Street eastbound lane of traffic but he did not yield to Bus #7 which was traveling straight in the westbound lane of Auburn Street. [REDACTED] did not yield the right of way to the school bus, operated by Ms. Judith Donabedian, when he took a left onto Auburn Street from Rockland Road. According to both drivers and where the debris field was located the initial point of impact occurred in the westbound lane of Auburn Street. [REDACTED] MV was towed by/to Dorenzo's towing. The AA Bus company, which services the Auburn Public Schools, was notified by the bus driver. The school bus driver was the only person on the bus at he time of the crash. No one was transported by ambulance at the crash site.

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 # **1A9JW** (From Vehicle Section)

Carrier Name **AA Transportation** Bus Use **1** ⁴²

Address **605 HARTFORD TPKE** City **SHREWSBURY** St **MA** Zip **01545**

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 Jonathan E O'Brien 50JO Auburn Police Department 09/04/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date