

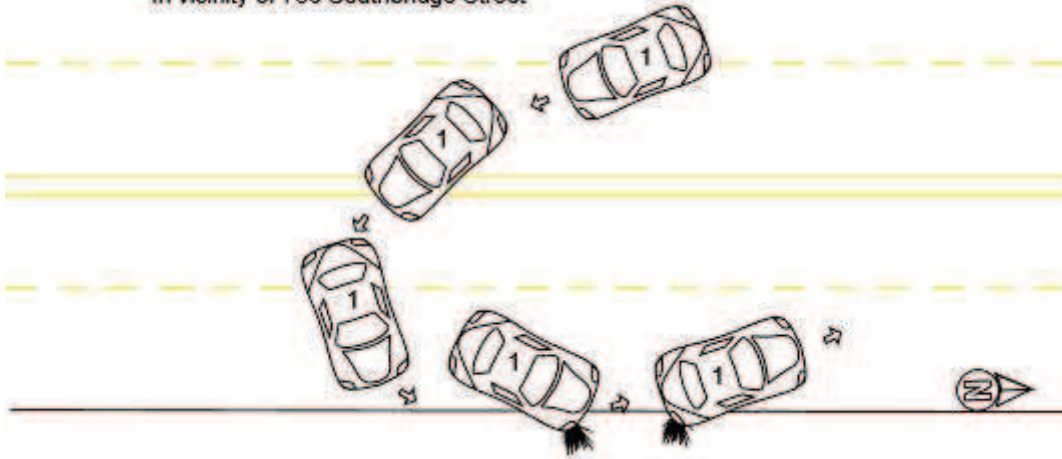
Police Use Only			Commonwealth of Massachusetts										RMV Document Number																																																										
Date of Crash 09/06/2024		Time of Crash 0703 24HR		City/Town Auburn		Motor Vehicle Crash Police Report					Number Vehicles 1	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																						
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																																																															
<div>1</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>2</div> <div>10</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of . or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>																																																																	
						<div>3</div> <div>Please Select One of the Following:</div> <div><input checked="" type="checkbox"/> Vehicle 12 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div>Crash Report ID# 24-307-AC</div>																																																																	
						<div>4</div> <div>1</div> <div>License # S19241930 St MA DOB/Age 02/03/1981</div> <div>Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement</div> <div>Operator CIULLA, MICHAEL ANTHONY</div> <div>Address 291 MILLBURY ST</div> <div>City AUBURN State MA Zip 01501-3230</div> <div>Insurance Company GOVERNMENT EMPLOYEES INSU</div> <div>Vehicle Travel Direction: N X E W Responding to Emergency? 2</div> <div>Citation # (If Issued) T3356981</div> <div>Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>1</div> <div>12</div> <div>Reg # 7BF474 Reg Type PC Reg State MA</div> <div>Veh Year 2022 Veh Make Alfa Romeo Veh Config. 1 21</div> <div>Owner CIULLA, MICHAEL ANTHONY</div> <div>Address 291 MILLBURY ST</div> <div>City AUBURN State MA Zip 01501-3230</div> <div>Vehicle Action Prior to Crash 5 22</div> <div>Event Sequence 42 23 23 23 23</div> <div>Most Harmful Event 20 24</div> <div>Driver Contributing Code 99 25 25</div> <div>Driver Distracted by 99 26 26</div> <div>Damaged Area Code: 2 27 4 27 27</div> <div>Test Status: 1 28</div> <div>Type of Test: 0 29</div> <div>BAC Test Result: 30</div> <div>Susp. Alcohol: 2 31 Susp. Drug: 2 32</div> <div>Towed from scene? 1 33</div>																																																											
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→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

In vicinity of 736 Southbridge Street



If Crash Did Not Occur on a Public Way:

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

Insert North Arrow



Crash Narrative:

Vehicle 1 was traveling southbound on Southbridge Street (Route 12). Operator stated he was moving into the left lane to pass a vehicle and lost control. Vehicle 1 crossed over the double line into oncoming traffic and spun completely around. As it was spinning, Vehicle 1 hit the curb and the vehicle spun completely so it came to a stop on Route 12 facing northbound. The operator of Vehicle 1 received a citation for a marked lanes violation.

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 Rachel B Crowley

Police Officer Name (Please Print)

Signature

92RC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/06/2024

Date