

Date of Crash **02/10/2024** Time of Crash **1448** 24HR City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** 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# **711** Direction \_\_\_\_\_ Address # **SOUTHBRIDGE ST** 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# **24-51-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **5DXF77** Reg Type **PAN** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_ Veh Year **2007** Veh Make **TOYOTA** Veh Config. **1 21**  
 Operator \_\_\_\_\_ Owner **STEVENS, MARK ALLEN**  
 Address \_\_\_\_\_ Address **2 WALTERS DR**  
 City \_\_\_\_\_ State **MA** Zip **01540-2606**  
 Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **1 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: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	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>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	

Please Select One of the Following:  Vehicle **22** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **unknown** St \_\_\_\_\_ DOB/Age **04/25/1957** Reg # **XJ772** Reg Type **PAN** Reg State **RI**  
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_ Veh Year **2020** Veh Make **HONDA** Veh Config. **1 21**  
 Operator **FEDER, SAMUEL** Owner **FEDER, SAMUEL**  
 Address **6 HAZEL BUSH DR** Address **6 HAZEL BUSH DR**  
 City **CRANSTON** State **RI** Zip **02921** City **CRANSTON** State **RI** Zip **02921**  
 Insurance Company **AMICA** Vehicle Action Prior to Crash **1 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**  
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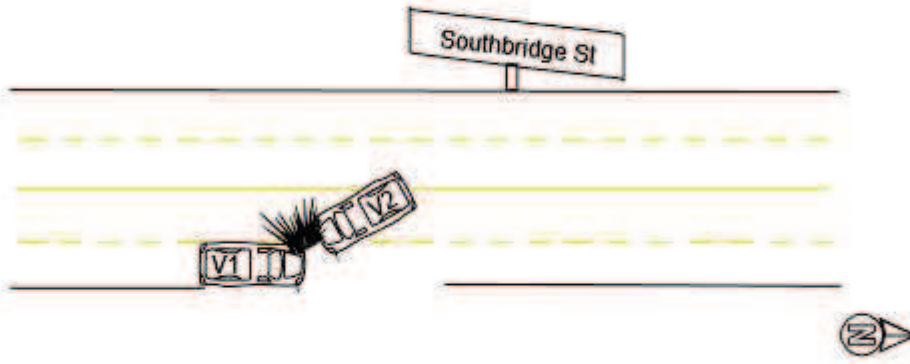
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	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/Non-Motorist</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>BARBARA FEDER</b>	<b>6 HAZEL BUSH DR CRANSTON, RI 02921</b>	<b>09/20/1956</b>	<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<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

I ... Arrow



**Crash Narrative:**

On 02/10/2024, I, Officer Ryan (90), responded to a 2-car motor vehicle accident on Southbridge Street at approximately 1448 hours. Upon arrival I spoke with the Operator of Vehicle: 1 (V1). V1 stated they were traveling Northbound on Southbridge Street. While traveling straight V2 was attempting to turn left into 711 Southbridge Street plaza. V2 entered the travel lane of V1 and collided with V1.

I spoke with the Operator of V2 (V2) whom stated they were attempting to enter 711 Southbridge Street plaza and collided with V1.

Both vehicles were operable and the perspective owners were able to operate them from the scene.

**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 Jordan D Ryan

Police Officer Name (Please Print)

Signature

90JR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/10/2024

Date