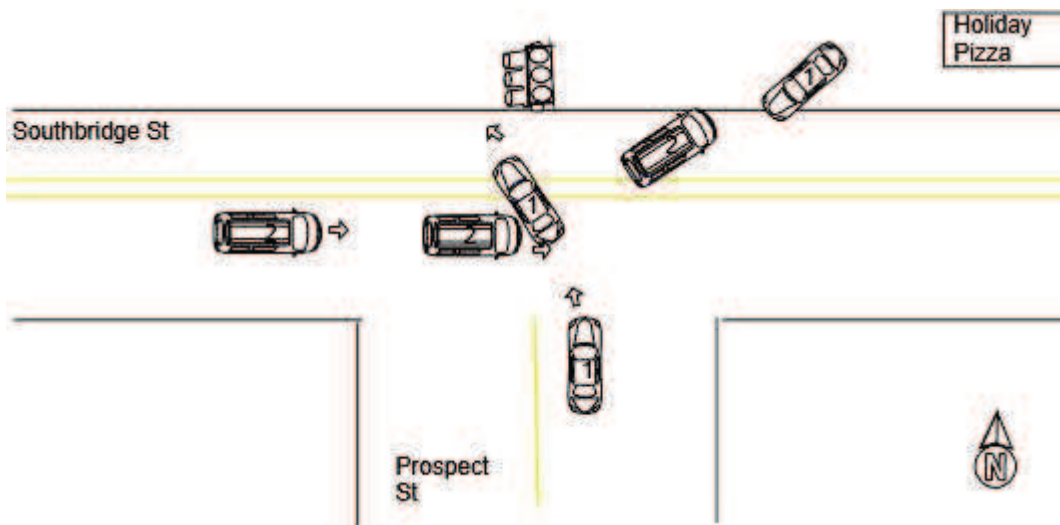


Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 12/28/2024		Time of Crash 0738 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
Route# Direction SOUTHBRIDGE ST Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street										2	10		
At						Feet N S E W of . or Mile Marker Exit Number													
Route# Direction PROSPECT ST Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street										3	11		
Also at Intersection with						Feet N S E W of													
Route# Direction Name of Intersecting Roadway/Street						Landmark													
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-471-AC											
License # S81623938 St MA DOB/Age 01/12/1973						Reg # 7665YY Reg Type PAN Reg State MA										1	12		
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2015 Veh Make LEXUS Veh Config. 2 21													
Operator BARRETT, SHAWN M Last First Middle						Owner BARRETT, SHAWN M Last First Middle													
Address 58 MARTIN RD						Address 58 MARTIN RD													
City DOUGLAS State MA Zip 01516-2317						City DOUGLAS State MA Zip 01516-2317													
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash 4 22 Damaged Area Code: 7 27 1 27 6 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 Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 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										1	13		
Please fill out for operator and all occupants involved						Towed from scene? 1 33													
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																			
Operator See Above						1 1 2 0 0 10 1													
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.											
License # S68202912 St MA DOB/Age 08/23/1985						Reg # T83770 Reg Type CON Reg State MA													
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2018 Veh Make ISUZU Veh Config. 6 21													
Operator GUNDERMAN, SAMUEL PETER Last First Middle						Owner DUVA DISTRIBUTORS INC Last First Middle													
Address 71 CHILMARK ST						Address 983 MILLBURY ST													
City WORCESTER State MA Zip 01604-2833						City WORCESTER State MA Zip 01607-2104										1	14		
Insurance Company GRAPHIC ARTS MUTUAL INSUR						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 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)						Most Harmful Event 1 24 Type of Test: 0 29													
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 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													
Please fill out for operator and all occupants involved						Towed from scene? 1 33													
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																			
Operator/Occupants See Above						1 1 4 0 0 8 0													

→ = 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

Intersection Arrow



Crash Narrative:

Vehicle 1 was traveling northbound on Prospect St. and attempted to make a left turn onto Southbridge St. Vehicle 2 was traveling eastbound on Southbridge St. Vehicle 2 struck the left side of vehicle 1 during the turn. Vehicle 1 spun around and came to rest on top of a detour sign in front of Holiday Pizza, which is across the street from the intersection. Vehicle 2 came to rest facing towards vehicle 1 across both the westbound travel lanes. Vehicle 2 was leaking transmission fluids. Vehicle 1 had multiple side air-bag deployments. [REDACTED]. [REDACTED].

[REDACTED]. Both vehicles were towed from the scene from Dorenzo towing. Neither operator could state definitively what color their light was at the intersection.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NEW ENGLAND INFRASTRUCTURE	16 BRENT DR HUDSON MA			DETOUR SIGN

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 Dominick Boschetto

Police Officer Name (Please Print)

Signature

91DB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/28/2024

Date