

Date of Crash **12/15/2024** Time of Crash **1107** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

S EDLIN ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
OXFORD STREET NO
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-452-AC**

License # **S72759418** St **MA** DOB/Age **01/20/1961** Reg # **669AJ7** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2021** Veh Make **MERCEDES-BENZ** Veh Config. **1 21**
Operator **MORIN, SUSAN E** Owner **MORIN, SUSAN E**
Address **153 BOYD ST** Address **153 BOYD ST**
City **CHERRY VALLEY** State **MA** Zip **01611-3248** City **CHERRY VALLEY** State **MA** Zip **01611-3248**
Insurance Company **TRUMBULL INSURANCE COMPAN** Vehicle Action Prior to Crash **3 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: **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**
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	X	X	1	1	4	0	0	10	1

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

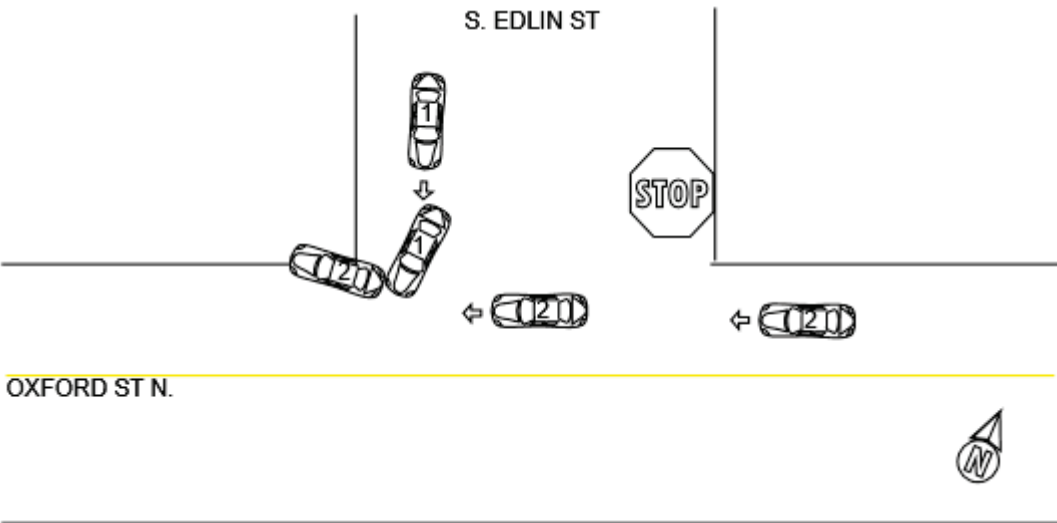
License # **S43180378** St **MA** DOB/Age **07/05/1969** Reg # **4RKB35** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2015** Veh Make **SUBARU** Veh Config. **1 21**
Operator **KU, DAR** Owner **WAH, PAW BOE**
Address **26 ALPINE TRL** Address **26 ALPINE TRL**
City **AUBURN** State **MA** Zip **01501** City **AUBURN** State **MA** Zip **01501-2114**
Insurance Company **PROGRESSIVE CASUALTY INSU** 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**
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Operator/Occupants		See Above	X	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

Indicate Direction with Arrow



Crash Narrative:

Vehicle 1 was stopped at the stop sign at S. Edlin St. and attempting to turn right onto Oxford St. N. Vehicle 2 was traveling westward and continued straight. Vehicle 2 struck the front of Vehicle 1 and came to rest at the corner of the intersection. Vehicle 1 backed up and waited on S. Edlin St. Both parties stated they were uninjured and refused medical attention. Vehicle 2 was towed 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 Dominick Boschetto

Police Officer Name (Please Print)

Signature

91DB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/15/2024

Date