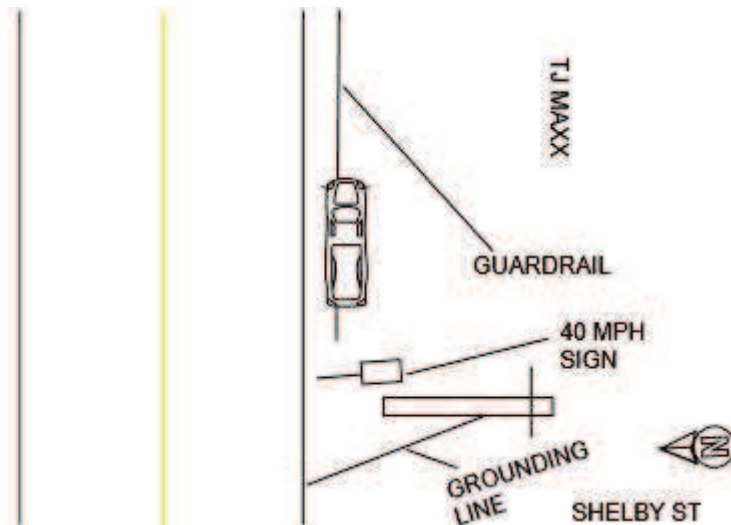


Police Use Only			Commonwealth of Massachusetts										RMV Document Number																		
Date of Crash 09/21/2024		Time of Crash 0324 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																							
<div>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>Route# Direction Address # Name of Roadway/Street</div> <div>WASHINGTON ST</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>50 Feet N S E X of SHELBY ST</div> <div>Feet N S E W of Intersecting Roadway/Street</div> <div>Landmark</div>												2 10													
																		1 11													
																		5 12													
																		1 14													
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-320-AC																							
License # S66900146 St MA DOB/Age 12/03/2000						Reg # X16815 Reg Type CO Reg State MA												5 12													
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2017 Veh Make FORD Veh Config. 1 21												5 12													
Operator SEAUER, DANIEL ELTON						Owner MID STATE WELDING INC																									
Address 304 LEADMINE RD						Address 150 COMMERCIAL DR																									
City FISKDALE State MA Zip 01518-1248						City SOUTHBRIDGE State MA Zip 01550-3443																									
Insurance Company SELECTIVE INSURANCE COMPA						Vehicle Action Prior to Crash 1 22												27 27 27													
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 40 23 23 23 23												1 28													
Citation # (If Issued)						Most Harmful Event 24 24												0 29													
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 12 25 25												30													
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 7 26 26												2 31 Susp. Drug: 32													
						Towed from scene? 1 33												24 13													
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	
Operator						See Above						X		X		1		1		4		0		0		10		1			
ALEX YARTER						251 NEW BOSTON RD STURBRIDGE, MA 01566-1341						07/04/2002		M		11		1		4		0		0		10		1			
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																							
License # St DOB/Age						Reg # Reg Type Reg State												21													
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config.																									
Operator						Owner																									
Address						Address																									
City State Zip						City State Zip																									
Insurance Company						Vehicle Action Prior to Crash 22												27 27 27													
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23												28													
Citation # (If Issued)						Most Harmful Event 24												29													
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25												30													
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26												31 Susp. Drug: 32													
						Towed from scene? 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	
Operator/Occupants						See Above						X		X		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

Arrow



### Crash Narrative:

OPERATOR CLAIMS HE SWERVED TO AVOID AN ERRATIC OPERATOR. OPERATOR CLAIMS HE OVERSTEERED AND TRIED TO CORRECT THE VEHICLE AND LOST CONTROL. VEHICLE DESTROYED THE TELEPHONE POLE GROUNDING LINE (POLE 111), 40 MPH SIGN AND SLID DOWN THE GUARDRAIL. THERE WERE NO SKID OR YAW MARKS ON THE GROUND IN THE VICINITY OF THE ACCIDENT.

### 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 ANDREW F MARKVENAS

Police Officer Name (Please Print)

Signature

93AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/21/2024

Date