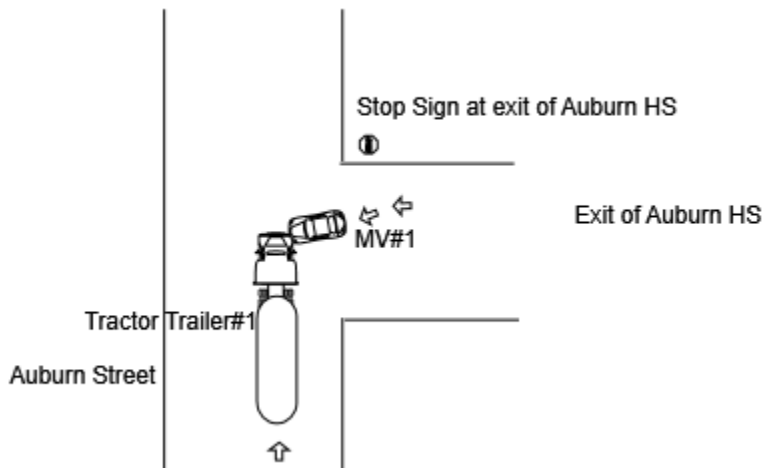


Police Use Only						Commonwealth of Massachusetts							RMV Document Number			
Date of Crash 09/27/2024	Time of Crash 0706 24HR	City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude _____	Longitude _____	State Police Local Police MBTA Police Campus Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:											
						99 AUBURN ST									2	
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street										
At						____ Feet N S E W of ____ • ____ or ____ Mile Marker Exit Number										
Route# Direction Name of Intersecting Roadway/Street						____ Feet N S E W of Route# Intersecting Roadway/Street									3	
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 1.1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-334-AC								
License # SA4951444 St MA DOB/Age 10/05/2007						Reg # 3HFH26 Reg Type PC Reg State MA						1				
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2023 Veh Make SUBARU Veh Config. 1						21				
Operator MALPASS, IRELAND DONNELLY						Owner MALPASS, BRIAN KEITH										
Address 259A LEICESTER ST						Address 259A LEICESTER ST										
City AUBURN State MA Zip 01501-1407						City AUBURN State MA Zip 01501-1407										
Insurance Company MAIN STREET AMERICA PROTE						Vehicle Action Prior to Crash 4 22						Damaged Area Code: 8 27 1 27 2 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				
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____						Driver Contributing Code 4 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? 2 33				
Name (Last First Middle) Address						DOB/Age Sex						Medical Facility				
Operator See Above						X X 1 1 4 0 0 10 1										
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 2.1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.								
License # S72834861 St MA DOB/Age 03/26/1973						Reg # 1AE64Y Reg Type TRN Reg State MA						1				
Sex M Lic. Class A 19 19 Lic. Restrictions 1 20 CDL X Endorsement						Veh Year 2024 Veh Make MACK Veh Config. 10						21				
Operator FOURNIER, MARC C						Owner WINWARS LLC										
Address 13 WATER ST APT 2						Address 11 WESTFORD RD										
City FRAMINGHAM State MA Zip 01701						City AYER State MA Zip 01432-1510						1				
Insurance Company ARBELLA PROTECTION INSURA						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 2 27 1 27 2 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 1 25 25						BAC Test Result: 1 30				
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____						Driver Distracted by 0 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32				
Please fill out for operator and all occupants involved												Towed from scene? 2 33				
Name (Last First Middle) Address						DOB/Age Sex						Medical Facility				
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

North Arrow



Crash Narrative:

Tractor Trailer #1 was traveling straight (eastbound) on Auburn Street when MV#1 did not yield the right of way while taking a left (westbound) onto Auburn Street from a stopped position exiting the Auburn High School (99 Auburn Street), colliding on an angle into the front passenger side of the Tractor Trailer. Neither MV was towed from the scene and both operators stated they did not need an ambulance for further medical evaluation.

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 # **1AE64Y** (From Vehicle Section)

Carrier Name **WINWARS LLC** Bus Use **42**
Address **11 WESTFORD RD** City **AYER** St **MA** Zip **01432**
US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____
Interstate **43** Cargo Body Type Code **44** GVWR/GCWR **45**
Trailer Reg #: **2846616** Reg Type **TRN** Reg State **ME** Reg Year **2024** Trailer Length **97** **46**

Hazmat Information:

Placard **47** Material 1 digit # **48** Material Name _____ Material 4 digit # _____ Release code **49**

Patrolman Jonathan E O'Brien

Police Officer Name (Please Print)

Signature

50JO

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/27/2024

Date