

Police Use Only

Date of Crash  
09/25/2024

Time of Crash  
0852  
24HR

City/Town  
Auburn

Motor Vehicle Crash  
Police Report

Number  
Vehicles  
1

Number  
Injured  
0

RMV Document Number

Speed Limit  
40

Latitude

Longitude

State Police

Local Police

MBTA Police

Campus Police

Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

11

Route# Direction Name of Roadway/Street

At

21

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

21

Route# Direction Name of Intersecting Roadway/Street

210

Route# Direction Address # 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 11 #Occupants

☐ Hit/Run

☐ Moped

Crash Report ID# 24-328-AC

41

License # S34235662 St MA DOB/Age 08/05/1966

Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Operator MCKISSICK, BRUCE

Address 16 GRIFFIN RD

City CHARLTON CITY State MA Zip 01508

Insurance Company

Vehicle Travel Direction: S E W Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

312

Reg # 4468J Reg Type RPN Reg State MA

Veh Year 2009 Veh Make KENWORTH Veh Config. 10 21

Owner MCKISSICK, BRUCE

Address 16 GRIFFIN RD

City CHARLTON CITY State MA Zip 01508

Vehicle Action Prior to Crash 3 22

Event Sequence 23 23 23 23

Most Harmful Event 23 24

Driver Contributing Code 12 25 25

Driver Distracted by 99 26 26

Damaged Area Code: 3 27 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 30

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

Operator

See Above

Please Select One of the Following:

☐ Vehicle 2 #Occupants

☐ Hit/Run

☐ Moped

☐ Vulnerable User Complete the Vulnerable User section.

81

License # St DOB/Age

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Operator

Address

City State Zip

Insurance Company

Vehicle Travel Direction: N S E W Responding to Emergency?

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

9714

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config. 21

Owner

Address

City State Zip

Vehicle Action Prior to Crash 22

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26 26

Damaged Area Code: 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 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

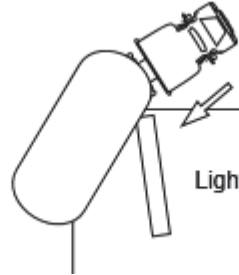
See Above

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ○ = Bicycle

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

Washington St



Point of Impact

Light Pole

BJ's Gas

### If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot  
☐ Garage  
☐ Mall/Shopping Center  
☐ Other Private Way

Indicate Direction of Travel with Arrow



### Crash Narrative:

Vehicle 1 was taking a right turn into BJ's Gas when they took the turn not as wide as they wanted because the driver stated there was another vehicle in the way when they were originally turning in. This caused the male partys vehicle to go off the roadway and strike a stationary light pole causing it to fall over. The trailer on the truck was a 1993 trailer with TRN ME: 5206013 (plate). No injuries to report. No vehicles 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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/25/2024

Date