

Date of Crash **06/17/2023** Time of Crash **1232** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# **619** Direction _____ Address # **SOUTHBRIDGE ST** 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 **1** #Occupants Hit/Run Moped Crash Report ID# **23-203-AC**

License # **S22720950** St **MA** DOB/Age **11/19/1978** Reg # **V10808** Reg Type **CON** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2019** Veh Make **RAM** Veh Config. **6 21**
 Operator **CARTER, JONATHAN W** Owner **SUTTON LEASING INC**
 Address **153 LEICESTER ST** Address **3555 E FOURTEEN MILE RD**
 City **AUBURN** State **MA** Zip **01501** City **STERLING HGHTS** State **MI** Zip **48310-0000**
 Insurance Company **PILGRIM INSURANCE COMPANY** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **4 27 5 27 6 27**
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **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	XXXXXX	XX	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **3JTD65** Reg Type **PAN** Reg State **MA**
 Sex _____ Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **BUICKS** Veh Config. **1 21**
 Operator _____ Owner **LONCHIADIS, DAWN K**
 Address _____ Address **22 JESSE RD**
 City _____ State _____ Zip _____ City **DUDLEY** State **MA** Zip **01571-3810**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 1 27 8 27**
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
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Please fill out for operator/non-motorist 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/Non-Motorist	See Above	XXXXXX	XX	1	1	4	0	0	10	1	


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


Crash Diagram:

ie: → 1 → 2 →  → 

Anytime Fitness

Southbridge St.





If Crash Did Not Occur on a Public Way:


Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

Arrow



Crash Narrative:

Vehicle #1 was traveling south on Southbridge St. when the traffic in front of vehicle #1 came to a stop. Vehicle #1 stopped and vehicle #2 rear ended vehicle #1.

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 Tod J Kuchnicki

Police Officer Name (Please Print)

Signature

49TK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/17/2023

Date