

Date of Crash **06/26/2023** Time of Crash **0832** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **2** Speed Limit **50** State Police Local Police MBTA Police Campus Police Other:

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

1 **1** **2** **11**

1 **3**

Route# Direction **OLD COMMON RD** Name of Roadway/Street
 At
 Route# Direction **WASHINGTON ST** Name of Intersecting Roadway/Street
 Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street

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

3 **99**

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-214-AC**

1 **12** **1** **21**

4 **2**

License # **S47083966** St **MA** DOB/Age **03/14/1986** Reg # **8RG291** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2022** Veh Make **LEXUS** Veh Config. **1**
 Operator **HARRISON, STEPHANIE LYNN** Owner **HARRISON, STEPHANIE LYNN**
 Address **61 STONE SCHOOL RD** Address **61 STONE SCHOOL RD**
 City **SUTTON** State **MA** Zip **01590-2956** City **SUTTON** State **MA** Zip **01590-2956**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 8 27 2 27**
 Vehicle Travel Direction: **N S X 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? **1 33**

5 **1** **6** **1**

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	X	1	1	1	0	0	●	1	

7 **2**

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

8 **1** **2** **14**

License # **S58608180** St **MA** DOB/Age **05/13/1982** Reg # **8BH397** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2010** Veh Make **CHEVROLET** Veh Config. **1**
 Operator **LAFLASH, ADAM PAUL** Owner **LAFLASH, ADAM PAUL**
 Address **7 PONDVILLE CT** Address **7 PONDVILLE CT**
 City **AUBURN** State **MA** Zip **01501-3241** City **AUBURN** State **MA** Zip **01501-3241**
 Insurance Company **CITIZENS INSURANCE COMPAN** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 27 27**
 Vehicle Travel Direction: **X S 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 **4 25 97 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2 33**

9 **2**

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	X	1	1	4	0	0	●	1	

