

Date of Crash <b>08/16/2023</b>	Time of Crash <b>1946</b> 24HR	City/Town <b>Auburn</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles <b>2</b>	Number Injured <b>0</b>	Speed Limit <b>25</b>	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
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**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

Route# <b>I-90</b> Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street <b>SOUTHBRIDGE ST</b>	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____
Also at Intersection with _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  
Crash Report ID# **23-276-AC**

License # <b>148729305</b> St <b>CT</b> DOB/Age <b>02/02/1994</b>	Reg # <b>BJ65991</b> Reg Type <b>PAN</b> Reg State <b>CT</b>
Sex <b>M</b> Lic. Class <b>D 19 19</b> Lic. Restrictions <b>20</b> CDL _____ Endorsement _____	Veh Year <b>2021</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1 21</b>
Operator <b>BARBER, DANIEL</b> Last First Middle	Owner <b>BARBER, DANIEL</b> Last First Middle
Address <b>29 PAUL BRAUN CT</b>	Address <b>29 PAUL BRAUN CT</b>
City <b>MILFORD</b> State <b>CT</b> Zip <b>06460-3830</b>	City <b>MILFORD</b> State <b>CT</b> Zip <b>06460-3830</b>
Insurance Company _____	Vehicle Action Prior to Crash <b>2 22</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Damaged Area Code: <b>6 27 27 27</b>
Citation # (If Issued) _____	Event Sequence <b>1 23 23 23 23</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: <b>28</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: <b>29</b>
Driver Contributing Code <b>1 25 25</b>	BAC Test Result: <b>30</b>
Driver Distracted by <b>0 26</b>	Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Towed from scene? <b>2 33</b>

Please fill out for operator and all occupants involved		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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

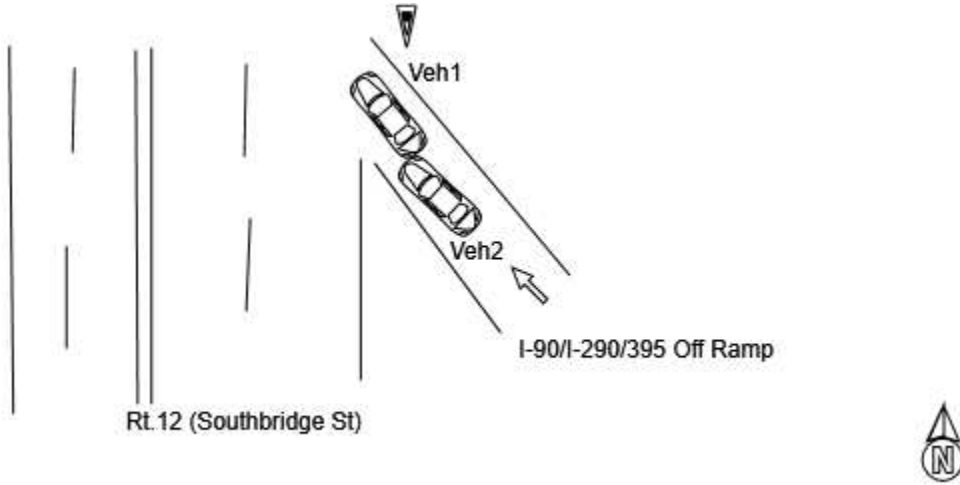
Please Select One of the Following:  Vehicle **2** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # <b>S94561288</b> St <b>MA</b> DOB/Age <b>10/04/1997</b>	Reg # <b>4AZX19</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D 19 19</b> Lic. Restrictions <b>20</b> CDL _____ Endorsement _____	Veh Year <b>2021</b> Veh Make <b>JEEP</b> Veh Config. <b>1 21</b>
Operator <b>BRABBS, SAMANTHA LYNN</b> Last First Middle	Owner <b>BRABBS, SAMANTHA LYNN</b> Last First Middle
Address <b>277 CENTRAL ST</b>	Address <b>277 CENTRAL ST</b>
City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-2203</b>	City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-2203</b>
Insurance Company <b>GOVERNMENT EMPLOYEES INSU</b>	Vehicle Action Prior to Crash <b>1 22</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Damaged Area Code: <b>2 27 27 27</b>
Citation # (If Issued) _____	Event Sequence <b>1 23 1 23 23 23</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: <b>28</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: <b>29</b>
Driver Contributing Code <b>5 25 25</b>	BAC Test Result: <b>30</b>
Driver Distracted by <b>0 26</b>	Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Towed from scene? <b>2 33</b>

Please fill out for operator/non-motorist and all occupants involved		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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**Crash Diagram:**

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

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

Direction Arrow



**Crash Narrative:**

Oper 1 stated he was travelling on the off ramp from I90/I290/395 to Rt.12N. He slowed to yield to on coming Rt.12N traffic when he was crashed into from behind by veh2.

Oper 2 stated she was travelling behind veh1 on the off ramp from I90/I290/395 to Rt.12 N when she did not noticed veh1 stopped at the end of the ramp, crashing into veh1.

**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

Sergeant Brian C Kennedy                                  30BK                                  Auburn Police Department                                  08/16/2023  
Police Officer Name (Please Print)                                  Signature                                  ID/Badge #                                  Department                                  Precinct/Barracks                                  Date