

Date of Crash **09/19/2023** Time of Crash **1529** 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# **446** 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# **23-315-AC**

License # **26782719** St **PA** DOB/Age **12/31/1962** Reg # **LVY1654** Reg Type **PC** Reg State **PA**

Sex **M** Lic. Class **99** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2022** Veh Make **CHEVROLET** Veh Config. **1**

Operator **AHRENS, CHARLES** Owner **AHRENS, CHARLES**

Address **1656 WHITEHALL AVE** Address **1656 WHITEHALL AVE**

City **ALLENTOWN** State **PA** Zip **18104** City **ALLENTOWN** State **PA** Zip **18104**

Insurance Company **ALL STATE** Vehicle Action Prior to Crash **1** Damaged Area Code: **7** Test Status: **1** Type of Test: **29** BAC Test Result: **30** Susp. Alcohol: **2** Susp. Drug: **2**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** Most Harmful Event **1** Driver Contributing Code **1** Driver Distracted by **0**

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 # **S50370346** St **MA** DOB/Age **01/29/1993** Reg # **2VBA97** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement \_\_\_\_\_ Veh Year **2022** Veh Make **HYUNDAI** Veh Config. **1**

Operator **BROWN, KEVIN J** Owner **VACCA, LAURIE A**

Address **36 EVERETT AVE APT 1** Address **36 EVERETT AVE APT 1**

City **WEBSTER** State **MA** Zip **01570-1971** City **WEBSTER** State **MA** Zip **01570-1971**

Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **4** Damaged Area Code: **1** Test Status: **1** Type of Test: **29** BAC Test Result: **30** Susp. Alcohol: **2** Susp. Drug: **2**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** Most Harmful Event **1** Driver Contributing Code **4** Driver Distracted by **99**

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>2</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

