

Date of Crash **09/23/2023** Time of Crash **1638** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **45** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

SOUTH ST
 Route# _____ Direction _____ Name of Roadway/Street _____
 At _____
WASHINGTON ST
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-320-AC**

License # **S12638063** St **MA** DOB/Age **05/11/1971** Reg # **X4510** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL _____ Veh Year **2014** Veh Make **CHEVROLET** Veh Config. **1 21**
 Operator **LEMPICKI, KEITH ALLAN** Owner **LEMPICKI, KEITH ALLAN**
 Address **159 PAKACHOAG ST** Address **159 PAKACHOAG ST**
 City **AUBURN** State **MA** Zip **01501-2567** City **AUBURN** State **MA** Zip **01501-2567**
 Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 27 27**
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 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: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

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
Operator	See Above	XXXXXX	XXXX	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

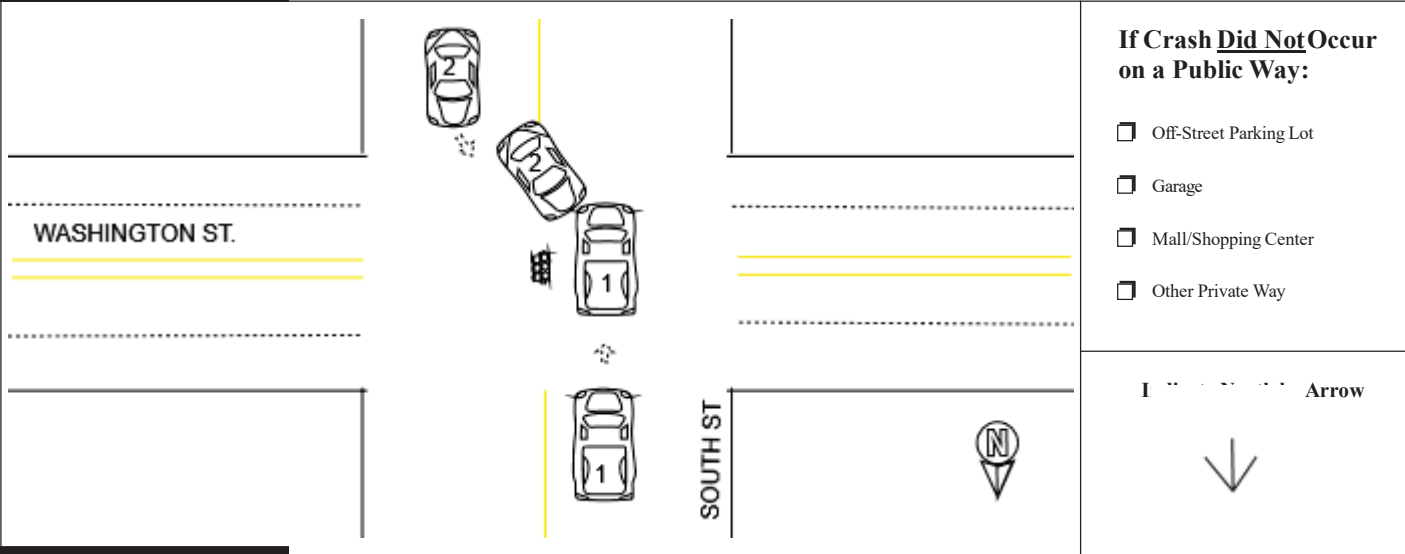
License # **S29951127** St **MA** DOB/Age **11/11/1985** Reg # **3ZEB67** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **99 99** Lic. Restrictions **20** CDL _____ Veh Year **2009** Veh Make **HONDA** Veh Config. **1 21**
 Operator **CAETANO DA SILVA FAR, ANA** Owner **ALVES FARIAS, EDSON**
 Address **15 WASHBURN ST** Address **15 WASHBURN ST**
 City **WORCESTER** State **MA** Zip **01610-2624** City **WORCESTER** State **MA** Zip **01610-2624**
 Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) **196807AC** Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **4 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **1 33**

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
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	1	0	0	●	●	██████████

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Intersection Arrow



Crash Narrative:

BOTH VEHICLES HAD A GREEN LIGHT. VEHICLE ONE WAS TRAVELING STRAIGHT THROUGH THE INTERSECTION, VEHICLE TWO WAS MAKING A LEFT TURN

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 Brandyn J Geldart

Police Officer Name (Please Print)

Signature

86BG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/23/2023

Date