

Date of Crash 09/25/2023 Time of Crash 2154 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0

Speed Limit 30 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

Route# Direction Address # Name of Roadway/Street WATER ST Feet N S E W of Mile Marker Exit Number

Please Select One of the Following: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped Crash Report ID# 23-323-AC

License # SA9680114 St MA DOB/Age 08/06/2005 Reg # 4CKB78 Reg Type PC Reg State MA Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator HALL, DECLAN CHRISTOPHER Owner HALL, CHRISTOPHER JOHN

Insurance Company AMICA MUTUAL INSURANCE CO Vehicle Action Prior to Crash 3 22 Damaged Area Code: 1 27 10 27 2 27 Vehicle Travel Direction: N S E W Responding to Emergency? 2 Event Sequence 27 23 23 23 23 Test Status: 1 28

Table with columns: 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 row: See Above, 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

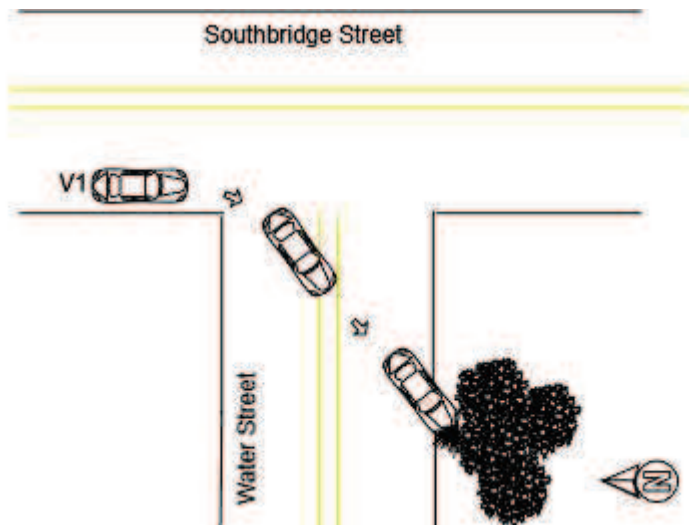
License # St DOB/Age Reg # Reg Type Reg State Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator Owner Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Table with columns: 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 row: See Above, 1

→ = 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

Insert Arrow



Crash Narrative:

V1 was attempting to take a right hand turn from Southbridge Street onto Water Street. V1 spunout and went across the road and crashed into an embankment.

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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/25/2023

Date