

Date of Crash **10/10/2023** Time of Crash **1330** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

SOUTHBRIDGE ST
 Route# _____ Direction _____ Name of Roadway/Street _____
 At _____
BROTHERTON WAY
 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# **23-334-AC**

License # **S53536026** St **MA** DOB/Age **04/16/1987** Reg # **543LL5** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL _____ Veh Year **2013** Veh Make **DODGE** Veh Config. **1**
 Operator **MITCHELL, AMANDA LEE** Owner **MITCHELL, AMANDA LEE**
 Address **15 THAYER AVE** Address **15 THAYER AVE**
 City **AUBURN** State **MA** Zip **01501-3129** City **AUBURN** State **MA** Zip **01501-3129**
 Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **2** **27** **8** **27**
 Vehicle Travel Direction: **N** **X** **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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **1** **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	1	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

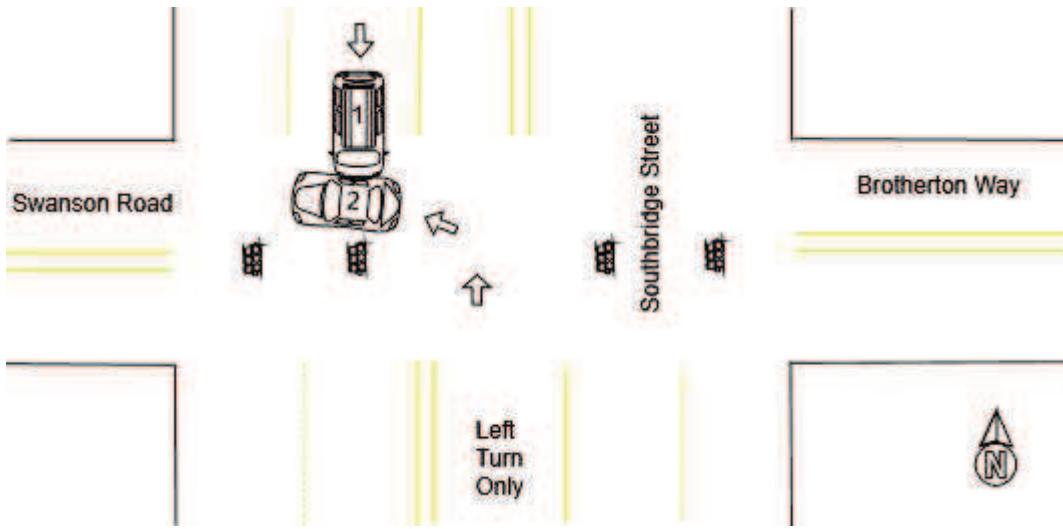
License # **S54020593** St **MA** DOB/Age **08/26/1934** Reg # **119CE0** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL _____ Veh Year **2002** Veh Make **SUBARU** Veh Config. **1**
 Operator **LAUZONIS, WILLIAM P** Owner **LAUZONIS, WILLIAM P**
 Address **142 WALLACE AVE** Address **142 WALLACE AVE**
 City **AUBURN** State **MA** Zip **01501-1138** City **AUBURN** State **MA** Zip **01501-1138**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **3** **27** **27** **27**
 Vehicle Travel Direction: **N** **S** **E** **X** 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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4** **25** **25** BAC Test Result: **1** **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: 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	4	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

I ... Arrow



Crash Narrative:

Vehicle 1 was driving South on Southbridge Street. Vehicle 2 was traveling north on Southbridge Street and was attempting to turn left (heading west) onto Swanson Road. The left turn lane that Vehicle 2 was in had a blinking yellow left arrow traffic light and the direction that Vehicle 1 was heading in had a green traffic light. The operator of Vehicle 1 said she was traveling straight ahead when Vehicle 2 turned left into oncoming traffic. Vehicle 1 did not have enough time to slow and struck Vehicle 2.

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 Rachel B Crowley 92RC Auburn Police Department 10/10/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date