

Date of Crash 12/19/2023	Time of Crash 0802 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 2	Speed Limit <u>30</u>	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"/>
						Latitude _____					
						Longitude _____					

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

ROCKLAND RD Route# _____ Direction _____ Name of Roadway/Street _____ At _____ PEARL ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____		
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Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped **Crash Report ID# 23-434-AC**

License # S84304504 St MA DOB/Age 03/25/1946	Reg # JUM5498 Reg Type PAN Reg State OH
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____	Veh Year 2022 Veh Make KIA Veh Config. 1 21
Operator HAMBROCK-DOWD, KATHRYN A	Owner EAN HOLDINGS LLC
Address 81 ROCKLAND RD	Address 554 WATER ST
City AUBURN State MA Zip 01501-2034	City CHARDON State OH Zip 44024
Insurance Company STANDARD FIRE	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 1 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 2 23 23 23 23 Test Status: 28
Citation # (If Issued) _____	Most Harmful Event 2 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 19 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 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	06/13/1933	M	1	1	1	0	0	●	●	_____
FREDERICK DOWD	81 ROCKLAND RD AUBURN, MA 01501	06/13/1933	M	3	1	1	0	0	●	●	_____

Please Select One of the Following: Vehicle 20 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____	Reg # 4TJC28 Reg Type PAN Reg State MA
Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____	Veh Year 2022 Veh Make MITSUBISHI Veh Config. 1 21
Operator Driverless M.V.	Owner MALDONADO, EMILY M
Address _____	Address 4 PINEBROOK CT
City _____ State _____ Zip _____	City AUBURN State MA Zip 01501-1544
Insurance Company GARRISON PROPERTY & CASUA	Vehicle Action Prior to Crash 11 22 Damaged Area Code: 6 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 2 23 23 23 23 Test Status: 28
Citation # (If Issued) _____	Most Harmful Event 2 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 97 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 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	_____	_____	1	9	4	3	0	10	1	_____

