

Date of Crash 12/19/2023	Time of Crash 1730 24HR	City/Town Auburn	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 3	Number Injured 1	Speed Limit <b>40</b>	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"/>
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**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	<b>12 S 603 SOUTHBRIDGE ST</b> Route# Direction Address # Name of Roadway/Street
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <b>NSEW</b> of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	<b>50 Feet NSEW of OXFORD STREET NO</b> Route# Intersecting Roadway/Street
	_____ Feet <b>NSEW</b> of _____ Landmark _____

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  
Crash Report ID# **23-435-AC**

License # <b>SA3080768</b> St <b>MA</b> DOB/Age <b>02/04/2004</b>	Reg # <b>1PHG39</b> Reg Type <b>PAN</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D 19 19</b> Lic. Restrictions <b>1 20</b> CDL _____ Endorsement _____	Veh Year <b>2009</b> Veh Make <b>FORD</b> Veh Config. <b>1 21</b>
Operator <b>JOHNSON, MEGHAN ELIZABETH</b> Last First Middle	Owner <b>JOHNSON, ERIN K</b> Last First Middle
Address <b>2 PRENTICE AVE</b>	Address <b>2 PRENTICE AVE</b>
City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-2218</b>	City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-2218</b>
Insurance Company <b>PROGRESSIVE CASUALTY INSU</b>	Vehicle Action Prior to Crash <b>1 22</b> Damaged Area Code: <b>8 27 1 27 27</b>
Vehicle Travel Direction: <b>NSEW</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1 24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>19 25 4 25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>99 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
	Towed from scene? <b>1 33</b>

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>0</b>	<b>0</b>	<del>XXXXXX</del>

Please Select One of the Following:  Vehicle **2** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # <b>S55833175</b> St <b>MA</b> DOB/Age <b>11/04/1969</b>	Reg # <b>24T630</b> Reg Type <b>PAN</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D 19 19</b> Lic. Restrictions <b>B 20</b> CDL _____ Endorsement _____	Veh Year <b>2016</b> Veh Make <b>TOYOTA</b> Veh Config. <b>2 21</b>
Operator <b>SULLIVAN, DANIEL KEITH</b> Last First Middle	Owner <b>SULLIVAN, DANIEL KEITH</b> Last First Middle
Address <b>14 BURNAP LN</b>	Address <b>14 BURNAP LN</b>
City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-4403</b>	City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-4403</b>
Insurance Company <b>PLYMOUTH ROCK ASSURANCE C</b>	Vehicle Action Prior to Crash <b>2 22</b> Damaged Area Code: <b>4 27 5 27 1 27</b>
Vehicle Travel Direction: <b>NSEW</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 1 23 23 23</b> Test Status: <b>1 28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1 24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>1 25 25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
	Towed from scene? <b>2 33</b>

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>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Date of Crash 12/19/2023	Time of Crash 1730 24HR	City/Town Auburn	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 3	Number Injured 1	Speed Limit <b>40</b>	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	<b>12 S 603 SOUTHBRIDGE ST</b> Route# Direction Address # Name of Roadway/Street
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <b>NSEW</b> of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	<b>50 Feet NSEW of OXFORD STREET NO</b> Route# Intersecting Roadway/Street
	_____ Feet <b>NSEW</b> of _____ Landmark _____

Please Select One of the Following:  Vehicle 3 Occupants  Hit/Run  Moped **Crash Report ID# 23-435-AC**

License # <b>S69693914</b> St <b>MA</b> DOB/Age <b>07/13/1975</b>	Reg # <b>9TK230</b> Reg Type <b>PAN</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D 19 19 M</b> Lic. Restrictions <b>1 20</b> CDL _____ Endorsement _____	Veh Year <b>2012</b> Veh Make <b>TOYOTA</b> Veh Config. <b>2 21</b>
Operator <b>JARVIS, JUSTIN P</b> Last First Middle	Owner <b>JARVIS, JUSTIN P</b> Last First Middle
Address <b>33 PINEDALE ST</b>	Address <b>33 PINEDALE ST</b>
City <b>SOUTHBRIDGE</b> State <b>MA</b> Zip <b>01550</b>	City <b>SOUTHBRIDGE</b> State <b>MA</b> Zip <b>01550</b>
Insurance Company <b>THE COMMERCE INSURANCE CO</b>	Vehicle Action Prior to Crash <b>2 22</b> Damaged Area Code: <b>5 27 27 27</b>
Vehicle Travel Direction: <b>NSEW</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1 24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>1 25 25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
	Towed from scene? <b>2 33</b>

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 4 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 <b>19 19</b> Lic. Restrictions <b>20</b> CDL _____ Endorsement _____	Veh Year _____ Veh Make _____ Veh Config. <b>21</b>
Operator _____ Last First Middle	Owner _____ Last First Middle
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <b>22</b> Damaged Area Code: <b>27 27 27</b>
Vehicle Travel Direction: <b>NSEW</b> Responding to Emergency? _____	Event Sequence <b>23 23 23 23</b> Test Status: <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>25 25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Towed from scene? <b>33</b>

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>							

