

Date of Crash **12/26/2023** Time of Crash **1538** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**SOUTHBRIDGE ST**  
Route# Direction Name of Roadway/Street  
At  
**RT 290 OFF RAMPS**  
Route# Direction Name of Intersecting Roadway/Street  
Also at Intersection with  
Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **23-446-AC**

License # **169517893** St **CT** DOB/Age **04/07/1996** Reg # **C238878** Reg Type **CON** Reg State **CT**  
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement  
Operator **LAVALLEE, SETH MICHAEL** Owner **PARKIN, JENNIFER**  
Address **12 GEORGE ST** Address **12 GEORGE ST**  
City **PLAINFIELD** State **CT** Zip **06374** City **PLAINFIELD** State **CT** Zip **06374**  
Insurance Company **United Ohio Insurance** Vehicle Action Prior to Crash **1** Damaged Area Code: **1**  
Vehicle Travel Direction: **N E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**  
Citation # (If Issued) Most Harmful Event **1** Type of Test: **1**  
Viol. 1: Ch/Sec/Sub Driver Contributing Code **1** BAC Test Result: **1**  
Viol. 3: Ch/Sec/Sub Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**  
Towed from scene? **2**

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			<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 **2** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **SA2521072** St **MA** DOB/Age **12/13/1999** Reg # **3MSV66** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement  
Operator **MACKLIN, ANDREW WILLIAM** Owner **MACKLIN, ANDREW WILLIAM**  
Address **35 ELMWOOD RD** Address **35 ELMWOOD RD**  
City **LYNNFIELD** State **MA** Zip **01940-1924** City **LYNNFIELD** State **MA** Zip **01940-1924**  
Insurance Company **GARRISON PROPERTY & CASUA** Vehicle Action Prior to Crash **1** Damaged Area Code: **5**  
Vehicle Travel Direction: **N E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**  
Citation # (If Issued) Most Harmful Event **1** Type of Test: **1**  
Viol. 1: Ch/Sec/Sub Driver Contributing Code **1** BAC Test Result: **1**  
Viol. 3: Ch/Sec/Sub Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**  
Towed from scene? **2**

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

