

Date of Crash 04/15/2024	Time of Crash 1446 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 1	Speed Limit 40	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 FAITH AVE	Route# _____ Direction _____		Address # _____	Name of Roadway/Street
At			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____		_____	_____ or _____
Route# _____ Direction _____		Name of Intersecting Roadway/Street SOUTHBRIDGE ST	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____		Mile Marker _____	Exit Number _____
		Also at Intersection with	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____		Route# _____	Intersecting Roadway/Street
Route# _____ Direction _____		Name of Intersecting Roadway/Street	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____		Landmark _____	

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User

Crash Report ID# **24-113-AC**

License # S44470841 St MA DOB/Age 08/01/1984	Reg # E4291 Reg Type CO Reg State MA
Sex M Lic. Class A 19 19 Lic. Restrictions 1 20 CDL _____	Veh Year 2015 Veh Make FORD Veh Config. 2 21
Operator PIKE, CHRISTOPHER P	Owner PIKE, GARY PAUL
Address 34 TURNER RD	Address 40 EDDY ST
City NORTH OXFORD State MA Zip 01537-1309	City AUBURN State MA Zip 01501-3306
Insurance Company NGM INSURANCE COMPANY	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 10 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 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 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Towed from scene? 2 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	_____	_____	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

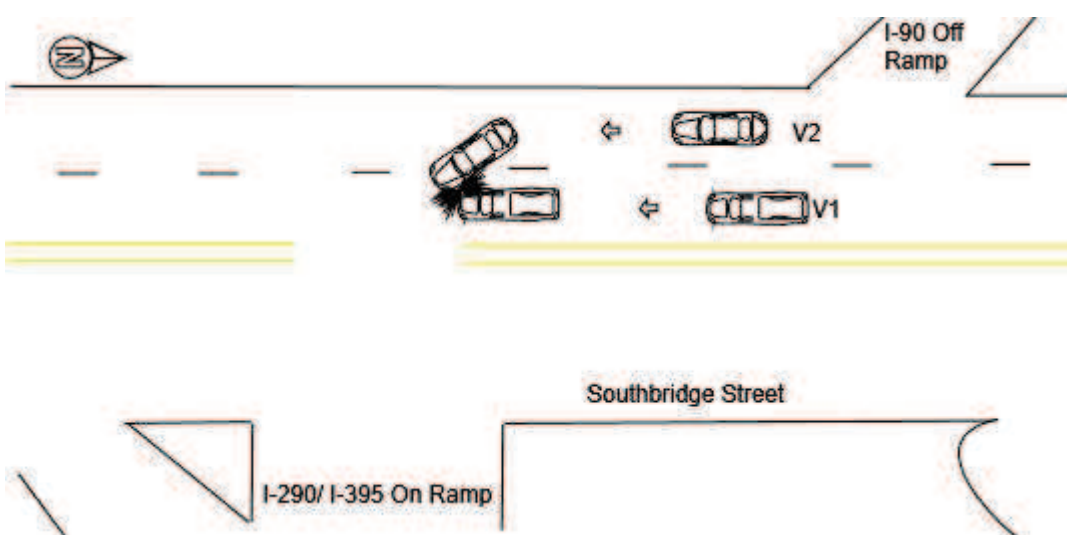
License # S81887965 St MA DOB/Age 09/20/1949	Reg # 8JY426 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____	Veh Year 2024 Veh Make HYUNDAI Veh Config. 1 21
Operator LENTNER, STEPHEN ANDREW	Owner LENTNER, STEPHEN ANDREW
Address 164 RIVERSIDE DR APT 2	Address 164 RIVERSIDE DR APT 2
City FLORENCE State MA Zip 01062-0000	City FLORENCE State MA Zip 01062-0000
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 7 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 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 18 25 25 BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Towed from scene? 2 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/Occupants	See Above	_____	_____	1	1	4	0	0	10	1	
DANIEL BACON	12 GARY DR HOLYOKE, MA 01040-9540	09/04/1960	M	3	1	4	0	0	10	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

If ... Arrow



Crash Narrative:

V1 and V2 were traveling south on Southbridge Street. When approaching the on-ramp to I-290/ I-395, V2 attempted to take a left hand turn from the right lane. V2 crashed into V1.

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

82DL

Auburn Police Department

04/15/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date