

Date of Crash **01/17/2024** Time of Crash **1528** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit _____ Latitude _____ Longitude _____ State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# **60** Direction _____ Address # _____ Name of Roadway/Street **AUBURN ST**

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Feet **N S E W** of _____ Mile Marker _____ Exit Number _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **24-22-AC**

License # **S83230546** St **MA** DOB/Age **06/05/1988** Reg # **8ZE857** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2014** Veh Make **BMW** Veh Config. **1**

Operator **HOWARD, GEOFFREY LEE** Owner **HOWARD, GEOFFREY LEE**

Address **60 FOX MEADOW RD APT B** Address **60 FOX MEADOW RD APT B**

City **LEOMINSTER** State **MA** Zip **01453-1955** City **LEOMINSTER** State **MA** Zip **01453-1955**

Insurance Company **USAA GENERAL INDEMNITY CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **2** Test Status: **1** Type of Test: **1** BAC Test Result: **1** Susp. Alcohol: **2** Susp. Drug: **2**

Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** Most Harmful Event **1** Driver Contributing Code **1** Driver Distracted by **0**

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	X	X	1	1	3	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 # _____ St _____ DOB/Age _____ Reg # **5683VR** Reg Type **PAN** Reg State **MA**

Sex _____ Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2019** Veh Make **NISSAN** Veh Config. **1**

Operator _____ Owner **COSTA, SHANNA K**

Address _____ Address **60 BARBARA AVE**

City _____ State _____ Zip _____ City **AUBURN** State **MA** Zip **01501-2922**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **6** Damaged Area Code: **8** Test Status: **1** Type of Test: **1** BAC Test Result: **1** Susp. Alcohol: **2** Susp. Drug: **2**

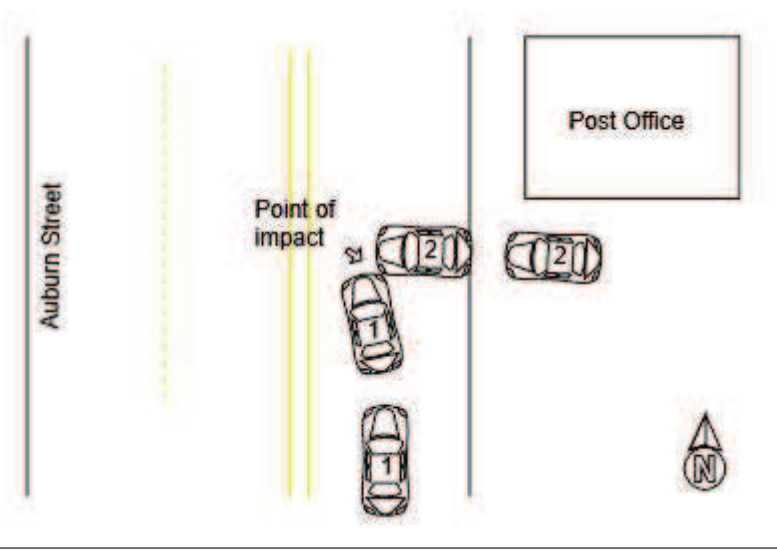
Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1** Most Harmful Event **1** Driver Contributing Code **19** Driver Distracted by **99**

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	X	X	1	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

↑ Arrow



Crash Narrative:

Vehicle #1 was traveling northbound on Auburn Street (public way) when Vehicle #2 was attempting to pull out of the Post Office parking lot and pulled out into traffic and collided with Vehicle #1. Both vehicles attempted to swerve out of the way, but it was too late. Both vehicles were towed from the scene. No injuries to report.

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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/17/2024

Date