

Date of Crash 01/21/2024	Time of Crash 0943 24HR	City/Town Auburn	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	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 _____			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 _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Intersecting Roadway/Street _____ <b>150</b> Feet <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ <b>SOUTHBRIDGE STREET</b> Landmark _____		

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped **Crash Report ID# 24-26-AC**

License # <b>S05203064</b> St <b>MA</b> DOB/Age <b>04/28/1940</b>	Reg # <b>VT37012</b> Reg Type <b>PAN</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D</b> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Endorsement _____	Veh Year <b>2017</b> Veh Make <b>BUICKS</b> Veh Config. <b>1</b> <input type="checkbox"/> 21
Operator <b>WESTERMAN, CARL EDWARD</b> Last First Middle	Owner <b>WESTERMAN, CARL EDWARD</b> Last First Middle
Address <b>6 WINCHESTER AVE</b>	Address <b>6 WINCHESTER AVE</b>
City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-2912</b>	City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-2912</b>
Insurance Company <b>THE COMMERCE INSURANCE CO</b>	Vehicle Action Prior to Crash <b>1</b> <input type="checkbox"/> 22
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Damaged Area Code: <b>2</b> <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) _____	Event Sequence <b>97</b> <input type="checkbox"/> 23 <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <b>1</b> <input type="checkbox"/> 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>8</b> <input type="checkbox"/> 25 <b>11</b> <input type="checkbox"/> 25
	Driver Distracted by <b>99</b> <input type="checkbox"/> 26
	Towed from scene? <b>1</b> <input type="checkbox"/> 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
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>99</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 # <b>S28499175</b> St <b>MA</b> DOB/Age <b>10/03/1967</b>	Reg # <b>4SLF39</b> Reg Type <b>PAN</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Endorsement _____	Veh Year <b>2018</b> Veh Make <b>NISSAN</b> Veh Config. <b>1</b> <input type="checkbox"/> 21
Operator <b>CIAPPENELLI, KRIS ANN</b> Last First Middle	Owner <b>CIAPPENELLI, KRIS ANN</b> Last First Middle
Address <b>154 BRYN MAWR AVE</b>	Address <b>154 BRYN MAWR AVE</b>
City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-1418</b>	City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-1418</b>
Insurance Company <b>THE COMMERCE INSURANCE CO</b>	Vehicle Action Prior to Crash <b>2</b> <input type="checkbox"/> 22
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Damaged Area Code: <b>7</b> <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) _____	Event Sequence <b>1</b> <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <b>1</b> <input type="checkbox"/> 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <input type="checkbox"/> 25 <input type="checkbox"/> 25
	Driver Distracted by <b>0</b> <input type="checkbox"/> 26
	Towed from scene? <b>2</b> <input type="checkbox"/> 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
<b>Operator/Non-Motorist</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

