

Date of Crash **01/22/2024** Time of Crash **0818** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **40** State Police  Local Police  MBTA Police  Campus Police  Other:   
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ At \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_ Also at Intersection with \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
**100** Feet **N X E W** of **PIKE ON RAMP (NB)** Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **24-27-AC**

License # **S98206543** St **MA** DOB/Age **01/04/1999** Reg # **2BFN18** Reg Type **PAN** Reg State **MA**  
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2016** Veh Make **NISSAN** Veh Config. **1**  
 Operator **DONKOR, SUSANA** Owner **DONKOR, SUSANA**  
 Address **41 LEAVITT ST APT 1** Address **41 LEAVITT ST APT 1**  
 City **BROCKTON** State **MA** Zip **02301-5166** City **BROCKTON** State **MA** Zip **02301-5166**  
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **2** Damaged Area Code: **5** **27** **27** **27**  
 Vehicle Travel Direction:  **S E 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 \_\_\_\_\_ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** **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
<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 **2** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S93034883** St **MA** DOB/Age **03/15/1971** Reg # **6JC255** Reg Type **PAN** Reg State **MA**  
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2016** Veh Make **AUDI** Veh Config. **1**  
 Operator **KRUKONIS, DONNA MARIE** Owner **KRUKONIS, DONNA MARIE**  
 Address **6 FRENCH RD APT G** Address **6 FRENCH RD APT G**  
 City **CHARLTON** State **MA** Zip **01507-1218** City **CHARLTON** State **MA** Zip **01507-1218**  
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **2** Damaged Area Code: **5** **27** **27** **27**  
 Vehicle Travel Direction:  **S E W** Responding to Emergency? **1** 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 \_\_\_\_\_ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**  
 Towed from scene? **2** **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>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>	

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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ At \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_ Also at Intersection with \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
**100** Feet **N X E W** of \_\_\_\_\_ **PIKE ON RAMP (NB)** Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle **3** #Occupants  Hit/Run  Moped Crash Report ID# **24-27-AC**

License # **S08934400** St **MA** DOB/Age **02/17/2001** Reg # **2NZR45** Reg Type **PAN** Reg State **MA**  
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2012** Veh Make **SUBARU** Veh Config. **1**  
 Operator **BANFILL, MADISYN REBECCA** Owner **BANFILL, MICHAEL KENNETH**  
 Address **32 BOND RD** Address **32 BOND RD**  
 City **CHARLTON** State **MA** Zip **01507** City **CHARLTON** State **MA** Zip **01507-1300**  
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** Damaged Area Code: **1**  
 Vehicle Travel Direction:  **S E W** Responding to Emergency? **1** 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 **5** Susp. Alcohol: **2** Susp. Drug: **2**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 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	<del>XXXX</del>	<del>XX</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 **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**  
 Operator \_\_\_\_\_ Owner \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **22** Damaged Area Code: **27**  
 Vehicle Travel Direction:  **N S E W** Responding to Emergency? \_\_\_\_\_ Event Sequence **23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**  
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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>XXXX</del>	<del>XX</del>	<b>1</b>							

