

Date of Crash **01/03/2024** Time of Crash **1401** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**LEICESTER ST**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_  
**BRYN MAWR AVE**  
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 **12** #Occupants  Hit/Run  Moped Crash Report ID# **24-3-AC**

License # **S63835746** St **MA** DOB/Age **06/08/1976** Reg # **77FV11** Reg Type **PAN** Reg State **MA**  
Sex **F** Lic. Class **D** Lic. Restrictions **99** CDL \_\_\_\_\_ Veh Year **2014** Veh Make **HONDA** Veh Config. **1**  
Operator **LAPENSEE, KERI LYN** Owner **LAPENSEE, KERI LYN**  
Address **8 MACY TER** Address **8 MACY TER**  
City **AMESBURY** State **MA** Zip **01913-3709** City **AMESBURY** State **MA** Zip **01913-3709**  
Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **2**  
Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **1** Test Status: **28**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** Type of Test: **29**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99** Susp. Alcohol: **31** Susp. Drug: **32**  
Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** Towed from scene? **2**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_

| 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>   |  |                   |          | <b>1</b>     | <b>99</b>        | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
| <b>AMBER CURRAN</b>                                     | <b>308 CAMBRIDGE ST<br/>WORCESTER, MA 01603-2323</b> | <b>06/12/1983</b> | <b>F</b> | <b>3</b>     | <b>99</b>        | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |

Please Select One of the Following:  Vehicle **21** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S75288035** St **MA** DOB/Age **10/08/1963** Reg # **91BL00** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL \_\_\_\_\_ Veh Year **2017** Veh Make **FORD** Veh Config. **1**  
Operator **FLEMING, TIMOTHY C** Owner **FLEMING, TIMOTHY C**  
Address **14 KNOWLES ST** Address **14 KNOWLES ST**  
City **AUBURN** State **MA** Zip **01501-2846** City **AUBURN** State **MA** Zip **01501-2846**  
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **8**  
Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2** Event Sequence **1** Test Status: **28**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** Type of Test: **29**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99** Susp. Alcohol: **31** Susp. Drug: **32**  
Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** Towed from scene? **2**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_

| 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>   |  |         |     | <b>1</b>     | <b>99</b>        | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |

