

Date of Crash **01/18/2023** Time of Crash **1725** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

SOUTH ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
WHITNEY CIR
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 **1** #Occupants Hit/Run Moped Crash Report ID# **23-14-AC**

License # **S50514450** St **MA** DOB/Age **01/28/1997** Reg # **6CF539** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____
Operator **LEMIEUX, TRAVIS J** Owner **LEMIEUX, TRAVIS J**
Address **2 CAROLINE ST APT 2** Address **2 CAROLINE ST APT 2**
City **AUBURN** State **MA** Zip **01501-1502** City **AUBURN** State **MA** Zip **01501-1502**
Insurance Company **ESURANCE INSURANCE COMPAN** Vehicle Action Prior to Crash **1** Damaged Area Code: **97 27 27 27**
Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **97 23 23 23 23** Test Status: **28**
Citation # (If Issued) _____ Most Harmful Event **97 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: 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
Operator	See Above	XXXXXX	XXXX	1	1	4	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 # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Endorsement _____
Operator _____ Owner _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
Vehicle Travel Direction: N S E W Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**
Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **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
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1							

