

Date of Crash **05/19/2023** Time of Crash **1350** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

AUBURN ST
 Route# _____ Direction _____ Name of Roadway/Street _____
 At _____
SOUTHBRIDGE ST
 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 _____ or _____
 Mile Marker _____ Exit Number _____
 Feet N S E W of _____
 Route# _____ Intersecting Roadway/Street _____
 Feet N S E W of _____
 Landmark _____

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped **Crash Report ID# 23-165-AC**

License # **S90564030** St **MA** DOB/Age **09/27/1955** Reg # **4JPC68** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____
 Operator **STURDEVANT, PRESTON J** Owner **STURDEVANT, PRESTON J**
 Address **22 BARBARA AVE** Address **22 BARBARA AVE**
 City **AUBURN** State **MA** Zip **01501** City **AUBURN** State **MA** Zip **01501**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **5** **27** **27** **27**
 Vehicle Travel Direction: N S W Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1** **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: **31** Susp. Drug: **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	X	X	1	1	4	0	0	10	1
MARIE STURDEVANT	22 BARBARA AVE AUBURN, MA 01501	11/09/1956	F	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **22** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

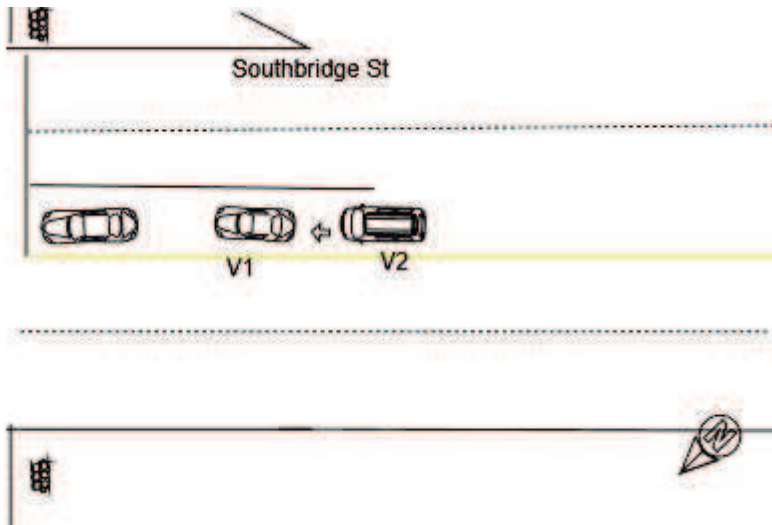
License # **SA1710936** St **MA** DOB/Age **05/12/2003** Reg # **2WGP87** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____
 Operator **LATINO, SAMANTHA ROSE** Owner **GUZZETTI, DANIEL JOSEPH**
 Address **21 MERRIAM ST** Address **435 MAIN ST APT 2L**
 City **AUBURN** State **MA** Zip **01501-1411** City **OXFORD** State **MA** Zip **01540**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**
 Vehicle Travel Direction: N S W Responding to Emergency? **2** Event Sequence **1** **23** **1** **23** **23** **23** Test Status: **28**
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 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
Operator/Non-Motorist		See Above	X	X	1	1	4	0	0	10	1
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

→ = 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:

V1 was stopped for a Taxi which had stopped at the green light because it was in the wrong lane. While waiting for the Taxi to move V2 rear ended V1.

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 Adam D Gustafson 62AG Auburn Police Department 05/19/2023

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date