

Date of Crash **05/31/2023** Time of Crash **1318** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **1** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other:

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# **65** Direction _____ Address # **CENTRAL ST** 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 **1** #Occupants Hit/Run Moped Crash Report ID# **23-178-AC**

License # **S40562720** St **MA** DOB/Age **09/29/1951** Reg # **1PWC19** Reg Type **PAN** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **SUBARU** Veh Config. **1**

Operator **JEWELL, CATHY JANE** Owner **JEWELL, CATHY JANE**

Address **31 MARILYN DR** Address **31 MARILYN DR**

City **AUBURN** State **MA** Zip **01501-3422** City **AUBURN** State **MA** Zip **01501-3422**

Insurance Company **MAINSTREET AMERICA PROTEC** Vehicle Action Prior to Crash **4** Damaged Area Code: **0**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **3** Test Status: **1**

Citation # (If Issued) _____ Most Harmful Event **3** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **13** BAC Test Result: **1**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**

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
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 **1** Action **2** Location **5** Condition **1** Hit/Run Moped

License # **S88428840** St **MA** DOB/Age **06/30/1992** Reg # _____ Reg Type _____ Reg State _____

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**

Operator **HALE, JONATHAN CHRISTOPHER** Owner _____

Address **4 MUNGER DR** Address _____

City **AUBURN** State **MA** Zip **01501** 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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **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	99				9	1	

