

Date of Crash 06/03/2023, Time of Crash 1214, City/Town Auburn, Motor Vehicle Crash Police Report, Number Vehicles 2, Number Injured 1, Speed Limit 50, etc.

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

20 E WASHINGTON ST, ELM ST, Route#, Direction, Name of Roadway/Street, etc.

Please Select One of the Following: [X] Vehicle 13 #Occupants, [] Hit/Run, [] Moped, Crash Report ID# 23-182-AC

License # 3417733, St RI, DOB/Age 11/11/1994, Reg # SEVAN, Reg Type PAS, Reg State RI, Operator CHAKMAKIAN, SAMUEL, etc.

Table with columns: Name (Last First Middle), Address, 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.

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

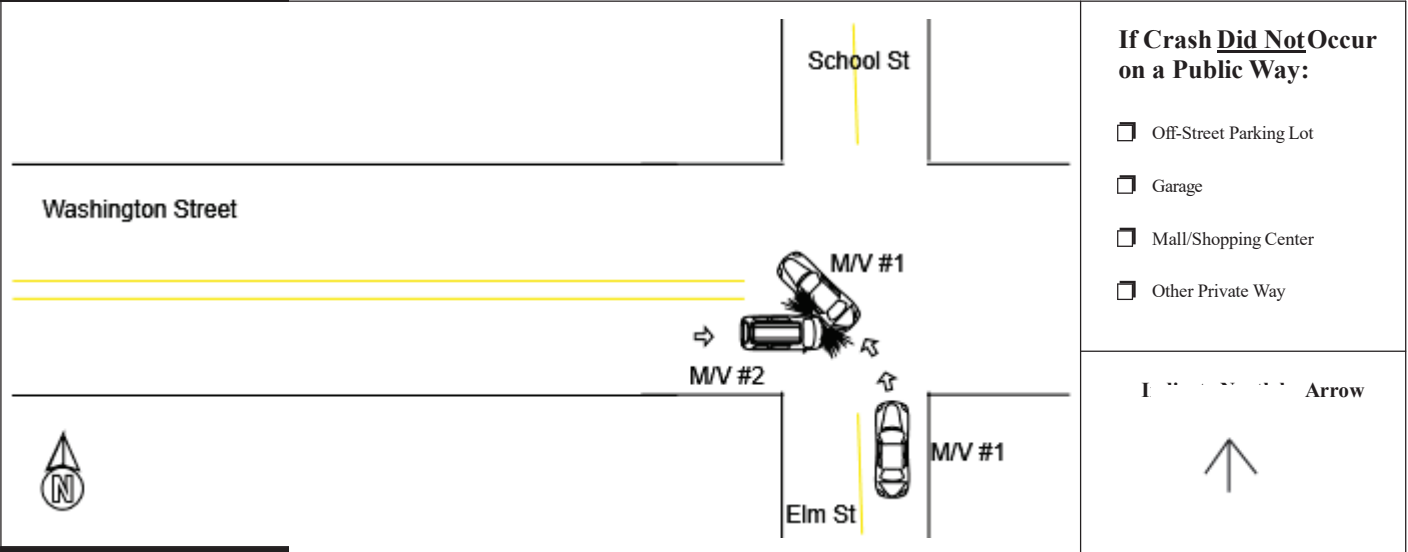
License # S62501378, St MA, DOB/Age 03/28/1966, Reg # 2GHH67, Reg Type PAN, Reg State MA, Operator FAVREAU, TERESA M, etc.

Table with columns: Name (Last First Middle), Address, 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.

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ♺ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ♂ → ♺



Crash Narrative:

M/V #1 pulling from Elm Street and taking a left turn onto Washington Street in the path of M/V #2. Oper. of M/V #1 failed to clear lane in time and oper. of M/V #2 could not stop in time to avoid the collision.

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

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate Cargo Body Type Code GVWR/GCWR

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Patrolman Daniel P Dyson
Police Officer Name (Please Print) Signature

73DD
ID/Badge #

Auburn Police Department
Department Precinct/Barracks

06/03/2023
Date