

Date of Crash **06/24/2023** Time of Crash **2033** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

BRYN MAWR AVE
 Route# _____ Direction _____ Name of Roadway/Street _____
 At _____
LEICESTER ST
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-212-AC**

License # **SA6940876** St **MA** DOB/Age **01/08/2005** Reg # **4DRH98** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **NISSAN** Veh Config. **1 21**
 Operator **LEPROHON, JAMES** Owner **LEPROHON, DANIEL PHILLIP**
 Address **33 SULLIVAN BLVD** Address **33 SULLIVAN BLVD**
 City **OXFORD** State **MA** Zip **01540** City **OXFORD** State **MA** Zip **01540-2047**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 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 **4 25 19 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **1 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	2	0	0	10	1	

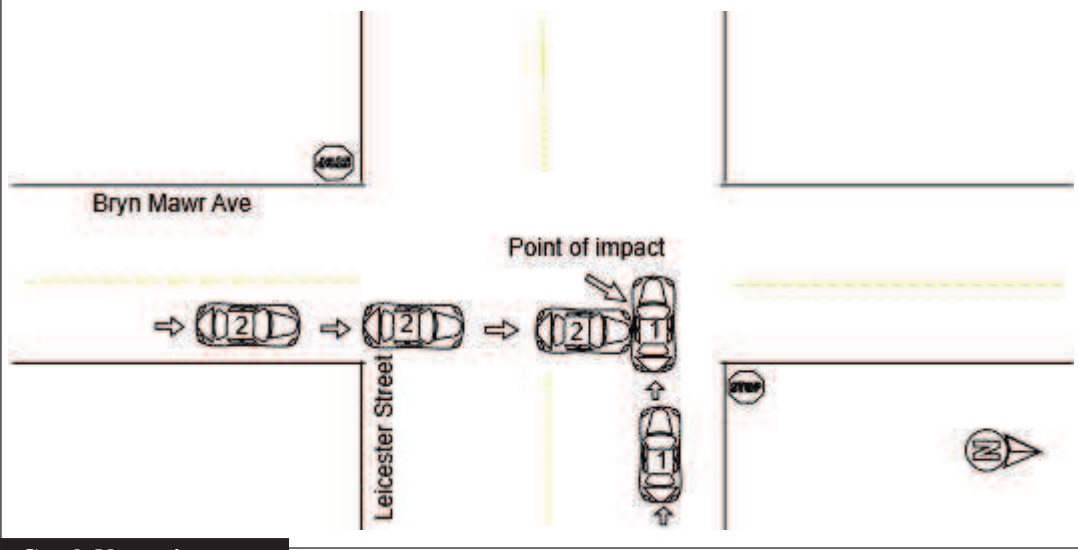
Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **SA4410711** St **MA** DOB/Age **07/08/2004** Reg # **3DSE14** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2008** Veh Make **FORD** Veh Config. **1 21**
 Operator **GOVONI, ANTHONY EDWARD** Owner **GOVONI, MICHAEL A**
 Address **705 OXFORD STREET SO** Address **163 OLD MEETINGHOUSE RD**
 City **AUBURN** State **MA** Zip **01501-1813** City **AUBURN** State **MA** Zip **01501-3353**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 2 27 8 27**
 Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 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: **1 30**
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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	1	1	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian 🚲 = Bicycle
 ie: → 1 → 2 → ○ → 🚲


Crash Diagram:



If Crash Did Not Occur on a Public Way:

Off-Street Parking Lot
 Garage
 Mall/Shopping Center
 Other Private Way

I _____ Arrow



Crash Narrative:

Vehicle #1 was traveling westbound and came to a stop sign at Leicester Street. The operator of Vehicle #1 pulled out attempting to travel stright across the intersection.

Vehicle #2 was traveling northbound on Bryn Mawr Ave when Vehicle #1 pulled out infront of them. Bryn Mawr Ave does not have a stop sign and has right of way. This is when Vehicle # 2 hit the side of Vehicle #1. Two witnesses stated they saw Vehicle #1 stop at the stop sign and pull out infront of Vehicle #2. Vehicle #2 attempted to stop witnesses said, but didnt have enough time. Both vehicles were towed from the scene. No injuries to report.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
HEIL MEGAN ELIZABETH	19 GOULDING DR AUBURN MA 01501		
HEIL CHRISTOPHER	19 GOULDING DR AUBURN MA 01501		

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 Alex K Myers 89AM Auburn Police Department 06/24/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date