

Date of Crash <b>08/21/2023</b>	Time of Crash <b>1417</b> 24HR	City/Town <b>Auburn</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles <b>2</b>	Number Injured <b>0</b>	Speed Limit <b>25</b>	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____		Route# <b>145</b> Direction _____ Address # <b>OXFORD STREET NO</b> Name of Roadway/Street _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____		_____ Feet <b>N S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____	
		_____ Feet <b>N S E W</b> of _____ Landmark _____	

Please Select One of the Following:  Vehicle **10** #Occupants  Hit/Run  Moped  
Crash Report ID# **23-283-AC**

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <b>19 19</b> Lic. Restrictions <b>20</b> CDL _____ Endorsement _____	Reg # <b>M6686A</b> Reg Type <b>MVN</b> Reg State <b>MA</b> Veh Year <b>2023</b> Veh Make <b>FORD</b> Veh Config. <b>1 21</b>
Operator <b>Driverless M.V.</b> Last First Middle	Owner <b>AUBURN WATER DISTRICT</b> Last First Middle
Address _____ City _____ State _____ Zip _____	Address <b>75 CHURCH ST</b> City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-2200</b>
Insurance Company <b>MIDVALE INDEMNITY COMPANY</b>	Vehicle Action Prior to Crash <b>11 22</b> Damaged Area Code: <b>5 27 27 27</b>
Vehicle Travel Direction: <b>N S X W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>2 23 23 23 23</b> Test Status: <b>1 28</b>
Citation # (If Issued) _____	Most Harmful Event <b>2 24</b> Type of Test: <b>99 29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <b>1 30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1 25 25</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
	Driver Distracted by <b>0 26</b> Towed from scene? <b>2 33</b>

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
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>10</b>	<b>5</b>	<b>3</b>	<b>99</b>	<b>99</b>	<b>1</b>	

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

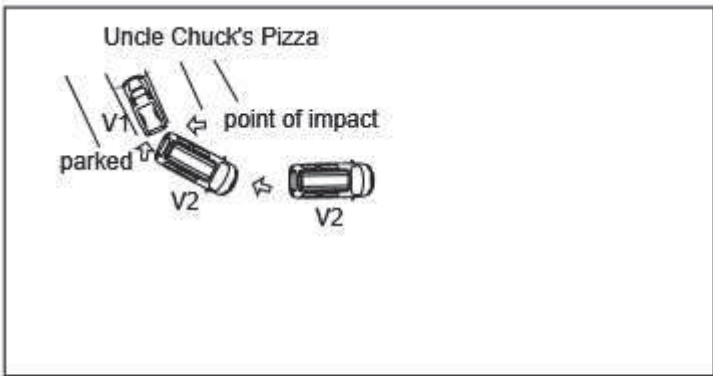
License # <b>S14449118</b> St <b>MA</b> DOB/Age <b>09/25/1956</b> Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>1 20</b> CDL _____ Endorsement _____	Reg # <b>T15515</b> Reg Type <b>CON</b> Reg State <b>MA</b> Veh Year <b>2012</b> Veh Make <b>CHEVROLET</b> Veh Config. <b>13 21</b>
Operator <b>HARRISON, FLOYD GERALD</b> Last First Middle	Owner <b>EDJS FLOOR COVERING INC</b> Last First Middle
Address <b>6 RYANS WAY</b> City <b>ROCHDALE</b> State <b>MA</b> Zip <b>01542-1231</b>	Address <b>3 JAMES ST</b> City <b>WORCESTER</b> State <b>MA</b> Zip <b>01603-1011</b>
Insurance Company <b>ARBELLA PROTECTION INSURA</b>	Vehicle Action Prior to Crash <b>10 22</b> Damaged Area Code: <b>6 27 27 27</b>
Vehicle Travel Direction: <b>N S E X</b> Responding to Emergency? <b>2</b>	Event Sequence <b>2 23 23 23 23</b> Test Status: <b>1 28</b>
Citation # (If Issued) _____	Most Harmful Event <b>2 24</b> Type of Test: <b>97 29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <b>1 30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>19 25 25</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
	Driver Distracted by <b>99 26</b> Towed from scene? <b>2 33</b>

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
<b>Operator/Non-Motorist</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

→ = 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:**

Vehicle 1 was parked in a spot in the parking lot of Uncle Chuck's Pizza. The parking lot of Uncle Chuck's Pizza has a right of access from Oxford St. North (public way). Vehicle 2 was backing up when it struck the rear tailgate of Vehicle 1. Minimal damage to Vehicle 2 (box truck). There was no occupant in Vehicle 1 at the time of the crash. No injuries to report and no tows needed.

**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 Derek P Courchaine      75DC      Auburn Police Department      08/21/2023  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date