

Date of Crash 10/27/2023	Time of Crash 1015 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>45</u>	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# <u>779</u> Direction _____ Address # <u>WASHINGTON ST</u> Name of Roadway/Street _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____		Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____	
		Landmark _____	

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
Crash Report ID# **23-353-AC**

License # <u>H000163662990</u> St <u>FL</u> DOB/Age <u>08/19/1966</u>	Reg # <u>1PY761</u> Reg Type <u>PAN</u> Reg State <u>RI</u>
Sex <u>M</u> Lic. Class <u>99</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2023</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>HOWE, DAVID CARL</u> Last First Middle	Owner <u>EAN HOLDINGS LLC</u> Last First Middle
Address <u>14352 MAGNOLIA RIDGE LOOP</u>	Address <u>14002 E 21ST ST APT 1500</u>
City <u>WINTER GARDEN</u> State <u>FL</u> Zip <u>34787</u>	City <u>TULSA</u> State <u>OK</u> Zip <u>74134</u>
Insurance Company _____	Vehicle Action Prior to Crash <u>2</u> <u>22</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <u>4</u> <u>27</u> <u>5</u> <u>27</u> <u>27</u>
Citation # (If Issued) _____	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: <u>1</u> <u>28</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: <u>1</u> <u>29</u>
	BAC Test Result: <u>1</u> <u>30</u>
	Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>
	Driver Distracted by <u>0</u> <u>26</u>
	Towed from scene? <u>2</u> <u>33</u>

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	

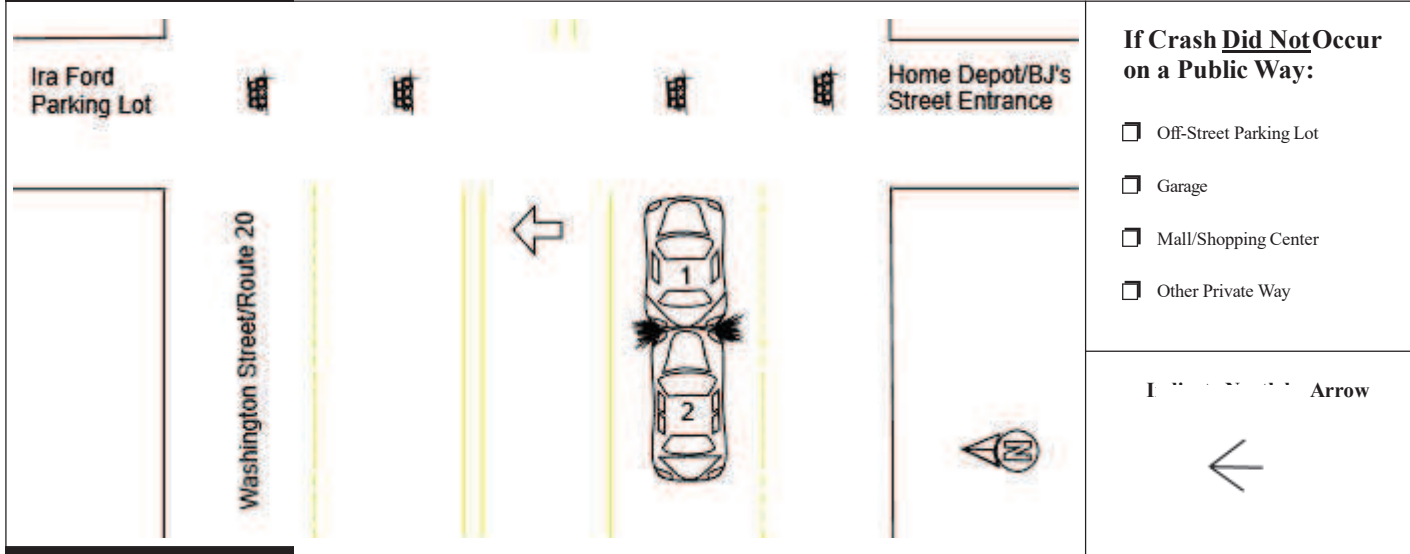
Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # <u>S48953723</u> St <u>MA</u> DOB/Age <u>09/07/1990</u>	Reg # <u>2ZPZ49</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2015</u> Veh Make <u>SUBARU</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>MCFARLAND, KAITLYN LEAH</u> Last First Middle	Owner <u>NORMANDIN, BENJAMIN FIRTH</u> Last First Middle
Address <u>34 GRACE LN</u>	Address <u>97 MONSON RD</u>
City <u>SOUTHBRIDGE</u> State <u>MA</u> Zip <u>01550-2138</u>	City <u>BRIMFIELD</u> State <u>MA</u> Zip <u>01010-2117</u>
Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <u>2</u> <u>27</u> <u>1</u> <u>27</u> <u>8</u> <u>27</u>
Citation # (If Issued) _____	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: <u>1</u> <u>28</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: <u>1</u> <u>29</u>
	BAC Test Result: <u>1</u> <u>30</u>
	Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Contributing Code <u>99</u> <u>25</u> <u>25</u>
	Driver Distracted by <u>99</u> <u>26</u>
	Towed from scene? <u>2</u> <u>33</u>

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	4	0	0	10	1	

Crash Diagram:

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Crash Narrative:

Vehicle 1 was stopped at the red light at the intersection of Route 20 eastbound (Washington Street) and the Ira Ford Parking lot and the Home Depot/BJ's street entrance.

Vehicle 2 was traveling eastbound on Route 20 (Washington Street) and struck Vehicle 1 from behind. The operator of Vehicle 2 stated she did not see the stopped vehicle until the last second and did not step on the brakes in time.

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 Rachel B Crowley 92RC Auburn Police Department 10/27/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date