

Date of Crash 10/31/2023	Time of Crash 1554 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</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>688</u> Direction _____ Address # <u>SOUTHBRIDGE ST</u> Name of Roadway/Street _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <u>N S E W</u> of _____ of _____ or _____ Mile Marker _____ Exit Number _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <u>N S E W</u> of _____ of _____ Route# _____ Intersecting Roadway/Street _____		
			Feet <u>N S E W</u> of _____ of _____ Landmark _____		

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
Crash Report ID# **23-359-AC**

License # <u>SA1160711</u> St <u>MA</u> DOB/Age <u>10/03/1962</u>	Reg # <u>2TPK49</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2022</u> Veh Make <u>GMC</u> Veh Config. <u>2</u> <u>21</u>
Operator <u>HARRISON, BRIAN DAVID</u> Last First Middle	Owner <u>HARRISON, BRIAN DAVID</u> Last First Middle
Address <u>64 OLD SPENCER RD</u>	Address <u>64 OLD SPENCER RD</u>
City <u>CHARLTON</u> State <u>MA</u> Zip <u>01507-0000</u>	City <u>CHARLTON</u> State <u>MA</u> Zip <u>01507-0000</u>
Insurance Company <u>ALLSTATE INSURANCE COMPAN</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>4</u> <u>27</u> <u>3</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <u>N</u> <input checked="" type="checkbox"/> <u>E</u> <u>W</u> Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</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	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

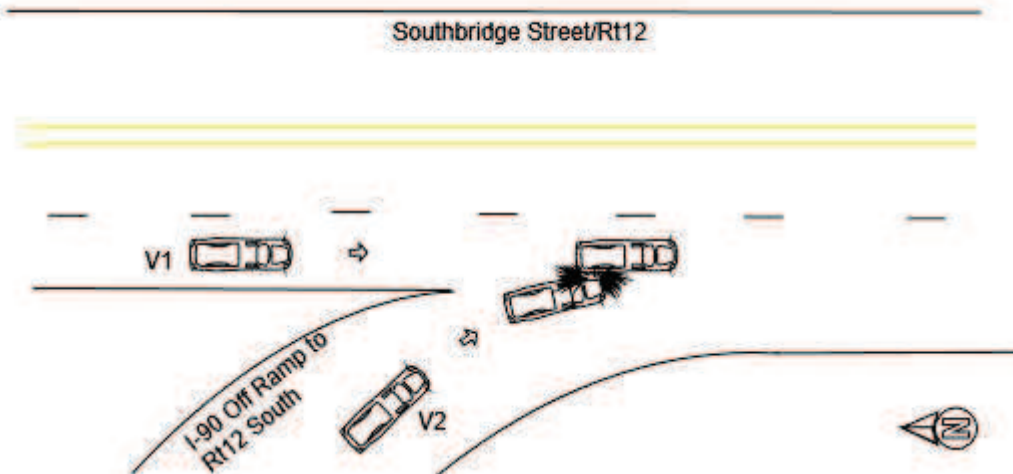
License # <u>S11965474</u> St <u>MA</u> DOB/Age <u>08/04/1990</u>	Reg # <u>W97301</u> Reg Type <u>CO</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2022</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>2</u> <u>21</u>
Operator <u>KENNEDY, KEVIN B</u> Last First Middle	Owner <u>ARI FLEET LT</u> Last First Middle
Address <u>90 MAY BROOK RD</u>	Address <u>4001 LEADENHALL RD</u>
City <u>HOLLAND</u> State <u>MA</u> Zip <u>01521-2024</u>	City <u>MOUNT LAUREL</u> State <u>NJ</u> Zip <u>08054-4611</u>
Insurance Company <u>THE TRAVELERS INDEMNITY C</u>	Vehicle Action Prior to Crash <u>6</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <u>N</u> <input checked="" type="checkbox"/> <u>E</u> <u>W</u> Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>18</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</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	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

→ = 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

Indicator Arrow



Crash Narrative:

V1 was traveling straight south on Southbridge Street. V2 was exiting the off ramp of I-90 onto Southbridge Street. V2 attempted to merge into the right lane. V2 side swiped V1.

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 David Ljunggren

82DL

Auburn Police Department

10/31/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date