

Date of Crash **06/12/2024** Time of Crash **1521** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

AUBURN ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
PERRY ST
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
Feet N S E W of _____ or _____
Mile Marker _____ Exit Number _____
Feet N S E W of _____
Route# _____ Intersecting Roadway/Street _____
Feet N S E W of _____
Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 24-187-AC**

License # **12601583** St **RI** DOB/Age **04/12/1990** Reg # **W15713** Reg Type **CO** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2020** Veh Make **FORD** Veh Config. **1** **21**
Operator **MCHUGH, MARK RICHARD** Owner **AAA NORTHEAST**
Address **393 LAKE DR** Address **110 ROYAL LITTLE DR**
City **CHEPACHET** State **RI** Zip **02814** City **PROVIDENCE** State **RI** Zip **02904-0000**
Insurance Company **HARTFORD FIRE INSURANCE C** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **5** **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 _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** **33**
Viol. 4: Ch/Sec/Sub _____

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	X	X	1	1	4	0	0	10	1

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # **S47296224** St **MA** DOB/Age **02/03/1982** Reg # **2WPJ14** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2013** Veh Make **ACURA** Veh Config. **1** **21**
Operator **KUCHTA, CHRISTOPHER A** Owner **KUCHTA, CHRISTOPHER A**
Address **30 BERLIN ST** Address **30 BERLIN ST**
City **AUBURN** State **MA** Zip **01501-1126** City **AUBURN** State **MA** Zip **01501-1126**
Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **1** **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**
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Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1** **33**
Viol. 4: Ch/Sec/Sub _____

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/Occupants		See Above	X	X	1	1	1	0	0	10	1

