

Date of Crash **06/29/2024** Time of Crash **1440** 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:

**1** **1** **2** **11**

**1** **1** **3**

**2** **1**

**3**

Route# Direction **BRYN MAWR AVE** Name of Roadway/Street  
At  
Route# Direction **LEICESTER ST** 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# 24-217-AC**

**1** **12** **1** **13**

**4** **2** **5** **1** **6** **1**

License # **245179136** St **NY** DOB/Age **06/16/2005** Reg # **LKG1910** Reg Type **PC** Reg State **NY**  
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL Endorsement  
Operator **PETRIE, ELLIOT RODGER** Owner **PETRIE, ELLIOT RODGER**  
Address **4883 SHERWOOD DR** Address **4883 SHERWOOD DR**  
City **SYRACUSE** State **NY** Zip **13215** City **SYRACUSE** State **NY** Zip **13215**  
Insurance Company **PROGRESSIVE SPEC INS CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **4 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: **0 29**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19 25 25** BAC Test Result: **30**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	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>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**7** **2**

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

**8** **1** **14** **1**

**9** **2**

License # **S60673691** St **MA** DOB/Age **04/29/1976** Reg # **9965XL** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL Endorsement  
Operator **FLYNN, KIMBERLY A** Owner **FLYNN, KEVIN S**  
Address **5 BUTEAU RD** Address **5 BUTEAU RD**  
City **SPENCER** State **MA** Zip **01562-3135** City **SPENCER** State **MA** Zip **01562-3135**  
Insurance Company **LM GENERAL INSURANCE COMP** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 27 27**  
Vehicle Travel Direction: **N X 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: **0 29**  
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<b>Operator/Occupants</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

