

Date of Crash 02/27/2024	Time of Crash 0057 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 1	Speed Limit 40	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# 711 Direction _____ Address # SOUTHBRIDGE ST 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 _____
	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 24-68-AC**

License # 23012322 St PA DOB/Age 06/23/1956	Reg # LJP4342 Reg Type PAN Reg State PA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2020 Veh Make HYUNDAI Veh Config. 1 21
Operator DOERFLER, JOHN HENRY Last First Middle	Owner DOERFLER, JOHN HENRY Last First Middle
Address 142 WINSTON DR	Address 142 WINSTON DR
City YORK State PA Zip 17408	City YORK State PA Zip 17408
Insurance Company PENN NATIONAL INSURANCE	Vehicle Action Prior to Crash 1 22
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 8 27 1 27 27
Citation # (If Issued) _____	Event Sequence 40 23 21 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: 1 28
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: 29
	BAC Test Result: 1 30
	Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Driver Contributing Code 19 25 9 25
	Driver Distracted by 0 26
	Towed from scene? 1 33

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	_____	_____	1	1	4	0	0	0	0	_____

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

License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year _____ Veh Make _____ Veh Config. 21
Operator _____ Last First Middle	Owner _____ Last First Middle
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash 22
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Damaged Area Code: 27 27 27
Citation # (If Issued) _____	Event Sequence 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: 28
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: 29
	BAC Test Result: 30
	Susp. Alcohol: 31 Susp. Drug: 32
	Driver Contributing Code 25 25
	Driver Distracted by 26
	Towed from scene? 33

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	_____	_____	1							

