

Date of Crash **06/05/2026** Time of Crash **1600** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **50** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-222-AC**

License # _____ St. _____ DOB/Age _____ Reg # **8LG710** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL _____ Endorsement _____ Veh Year **2012** Veh Make **KIA** Veh Config. **1 21**
Operator **FINAN, PATRICK CHRISTOPHER** Owner **FINAN, CHRISTOPHER ROBIN**
Address **32 FRANKLIN ST** Address **32 FRANKLIN ST**
City **AUBURN** State **MA** Zip **01501-2118** City **AUBURN** State **MA** Zip **01501-2118**
Insurance Company **LIBERTY MUTUAL INSURANCE** 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**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **18 25 25** BAC Test Result: **1 30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
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	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 # _____ St. _____ DOB/Age _____ Reg # **3MYM16** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL _____ Endorsement _____ Veh Year **2011** Veh Make **FORD** Veh Config. **1 21**
Operator **KANZ, KAYLEIGH MARIA** Owner **KANZ, CHRISTOPHER JOSEPH**
Address **15 S SULLIVAN RD** Address **15 S SULLIVAN RD**
City **CHARLTON** State **MA** Zip **01507-5317** City **CHARLTON** State **MA** Zip **01507-5317**
Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 27 27**
Vehicle Travel Direction: **N S X 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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **9 25 97 25** BAC Test Result: **1 30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
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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	4	0	0	10	1

