

Date of Crash **01/09/2026** Time of Crash **1446** 24HR City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **10** State Police  Local Police  MBTA Police  Campus Police  Other:

**AT INTERSECTION:** < **LOCATION** > **NOT AT INTERSECTION:**

1

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ At \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_ Also at Intersection with \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# **8** Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street **WESTCHESTER DR**

\_\_\_\_\_ 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 \_\_\_\_\_

2 10

99 11

2

3

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped **Crash Report ID# 26-16-AC**

4 1

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **1MW855** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_ Veh Year **1999** Veh Make **CHEVROLET** Veh Config. **1 21**

Operator **STEINBERG, LEE G** Owner **STEINBERG, LEE G**

Address **654 5TH N AVE** Address **654 5TH N AVE**

City **SURFSIDE BEACH** State **SC** Zip **295753962** City **SURFSIDE BEACH** State **SC** Zip **295753962**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **0 27 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **3 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **3 24** Type of Test: **0 29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 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**

Towed from scene? **2 33**

4 12

3 13

6 2

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>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

7 1

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

8 1

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**

Operator \_\_\_\_\_ Owner \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? \_\_\_\_\_ Event Sequence **23 23 23 23** Test Status: **28**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26 26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **33**

1 14

9 2

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/Occupants</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>							

Please complete a section for each vulnerable user involved in the crash.

<b>Vulnerable User</b>		Type <input style="width: 40px;" type="text" value="1 VU1"/>	Action <input style="width: 40px;" type="text" value="2 VU2"/>	Location <input style="width: 40px;" type="text" value="97 VU3"/>																		
VU: <u>KIRKLAUSKAS, MARY ANN</u> <small style="display: flex; justify-content: space-between; width: 100%;">Last First Middle</small>																						
Address <u>4 WESTCHESTER DR</u>																						
City <u>AUBURN</u> State <u>MA</u> Zip <u>01501</u>																						
License # _____ St _____ DOB/Age _____																						
Traffic Control Device <input style="width: 40px;" type="text" value="0 VU4"/>		Event Sequence <input style="width: 40px;" type="text" value="7 VU8"/> <input style="width: 40px;" type="text" value="19 VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/>		Test Status: <input style="width: 40px;" type="text" value="1 VU11"/>																		
Origin/Destination <input style="width: 40px;" type="text" value="97 VU5"/>		Contributing Code <input style="width: 40px;" type="text" value="1 VU9"/> <input style="width: 40px;" type="text" value="VU9"/>		Type of Test: <input style="width: 40px;" type="text" value="0 VU12"/>																		
Contact Point: <input style="width: 40px;" type="text" value="97 VU6"/>		Distracted by <input style="width: 40px;" type="text" value="1 VU10"/> <input style="width: 40px;" type="text" value="VU10"/>		BAC Test Result: <input style="width: 40px;" type="text" value="1 VU13"/>																		
Susp. Alcohol: <input style="width: 40px;" type="text" value="2 VU14"/>																						
Susp. Drug: <input style="width: 40px;" type="text" value="2 VU15"/>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;">Sex</th> <th style="width: 10%;">VU16 Seat Pos.</th> <th style="width: 10%;">VU17 Safety Equipment</th> <th style="width: 10%;">VU18 Eject Code</th> <th style="width: 10%;">VU19 Trap Code</th> <th style="width: 10%;">VU20 Injury Status</th> <th style="width: 10%;">VU21 Transp. Code</th> <th style="width: 30%; text-align: center;"><b>Medical Facility</b></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>Vulnerable User</b></td> <td></td> <td style="text-align: center;">97</td> <td style="text-align: center;">10</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">9</td> <td style="text-align: center;">2</td> <td style="background-color: black;"></td> </tr> </tbody> </table>				Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	<b>Medical Facility</b>	<b>Vulnerable User</b>		97	10	0	0	9	2	
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Traffic Control Device <input style="width: 40px;" type="text" value="VU4"/>		Event Sequence <input style="width: 40px;" type="text" value="VU8"/>		Test Status: <input style="width: 40px;" type="text" value="VU11"/>																		
Origin/Destination <input style="width: 40px;" type="text" value="VU5"/>		Contributing Code <input style="width: 40px;" type="text" value="VU9"/> <input style="width: 40px;" type="text" value="VU9"/>		Type of Test: <input style="width: 40px;" type="text" value="VU12"/>																		
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