

Date of Crash **04/14/2026** Time of Crash **1415** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **15** State Police Local Police MBTA Police Campus Police Other:

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

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# **446** Direction _____ Address # **SOUTHBRIDGE ST** Name of Roadway/Street _____

Feet **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 Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-155-AC**

License # _____ St. _____ DOB/Age _____ Reg # **16DJNZ** Reg Type **PAN** Reg State **FL**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2018** Veh Make **MERCEDES-BENZ** Veh Config. **1** **21**

Operator **LAM, SA NGOC** Owner **LAM, SA NGOC**

Address **519 N HALIFAX AVE** Address **519 N HALIFAX AVE**

City **DAYTONA BEACH** State **FL** Zip **32118** City **DAYTONA BEACH** State **FL** Zip **32118**

Insurance Company **STATE FARM MUTUAL AUTOMO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **27** **27**

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

Citation # (If Issued) _____ Most Harmful Event **2** **24** Type of Test: **0** **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99** **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? **2** **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	XXXX	XX	1	99	4	0	0	10	1	NOT TRANSPORTED

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

License # _____ St. _____ DOB/Age _____ Reg # **MXX1073** Reg Type **PAN** Reg State **PA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2010** Veh Make **SUBARU** Veh Config. **1** **21**

Operator **JAVINS, EMILY LYNN** Owner **WILLIAMS, CHARLES ROSS**

Address **5 FOREST CIR** Address **5 FOREST CIR**

City **HANOVER** State **PA** Zip **17331** City **HANOVER** State **PA** Zip **17331**

Insurance Company **SELECTIVE INSURANCE 39926** Vehicle Action Prior to Crash **11** **22** Damaged Area Code: **3** **27** **27** **27**

Vehicle Travel Direction: **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 _____ 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**

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	XXXX	XX	1	99	5	0	0	10	1	NOT TRANSPORTED

