

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

1 **1** Route# Direction Name of Roadway/Street At

2 **1** Route# Direction Name of Intersecting Roadway/Street

3 **1** Route# Direction Name of Intersecting Roadway/Street

4 **11** Route# Direction Name of Roadway/Street

4 **11** Feet N S E W of Mile Marker Exit Number

4 **11** Feet N S E W of Route# Intersecting Roadway/Street

4 **11** Feet N S E W of Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped

Crash Report ID# **22-295-AC**

License # **46525427** St **TX** DOB/Age **05/10/1975** Reg # **AG25001** Reg Type **APN** Reg State **AZ**

Sex **M** Lic. Class **D** Lic. Restrictions **97** CDL Endorsement

Operator **DAVIS, JOHN RIGGS** Owner **UHAUL COMPANY**

Address **1660 W TC JESTER BLVD APT 1302** Address **2727 N CENTRAL AVE**

City **HOUSTON** State **TX** Zip **77008** City **PHOENIX** State **AZ** Zip **85004**

Insurance Company

Vehicle Travel Direction: S E W Responding to Emergency? **2**

Citation # (If Issued) **595694AB**

Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Vehicle Action Prior to Crash **1 22** Damaged Area Code: **3 27 27 27**

Event Sequence **1 23 23 23 23** Test Status: **28**

Most Harmful Event **1 24** Type of Test: **29**

Driver Contributing Code **10 25 25** BAC Test Result: **30**

Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **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		1	99	4	0	0	10	1	

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

License # **S81392591** St **MA** DOB/Age **09/10/1964** Reg # **415P** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement

Operator **WALKER, TERESA ANN** Owner **WALKER, TERESA ANN**

Address **145 DANIELS RD** Address **145 DANIELS RD**

City **CHARLTON** State **MA** Zip **01507-6623** City **CHARLTON** State **MA** Zip **01507-6623**

Insurance Company **GARRISON PROPERTY & CASUA**

Vehicle Travel Direction: S E W Responding to Emergency? **2**

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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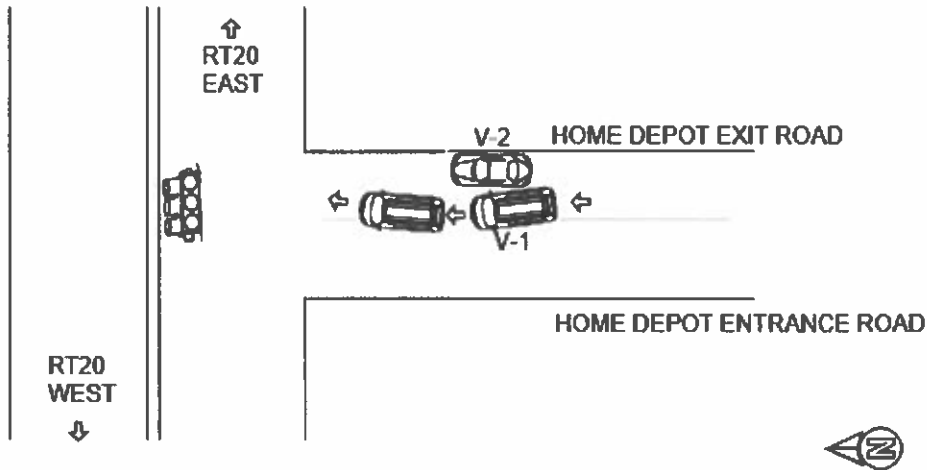
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Towed from scene? **2 33**

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	1	4	0	0	10	1	
ALICE LITMAN		7 ARROWHEAD AVE AUBURN, MA 01501-2301	09/30/1946	F	11	1	4	0	0	10	1

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian ☺ = Bicycle
 ie: → 1 → 2 → O → ☺

Crash Diagram:



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

Vehicle 1 (U-Haul) was travelling down the exit road of Home Depot located at 779 Washington Street. Police were attempting to stop the U-Haul for a crime that was committed at Home Depot.

Vehicle 2 was travelling in front of vehicle 1. It observed the U-Haul not stopping for the police and pulled to the right side of the roadway. The U-Haul sideswiped vehicle 2 as it passed it on the left causing damage to the driver's side rear fender. Vehicle 1 then left the scene.

Vehicle 1 was apprehended approximately one mile east on Rte. 20, after it caused a significant multi car accident. The operator was issued a citation for leaving the scene of an accident.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT # _____ State Number _____ Issuing State _____ MC/MX/ICC # _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg # _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrolman John P MacLean
Police Officer Name (Please Print)

Signature

65JM
ID/Badge #

Auburn Police Department
Department Precinct/Barracks

09/14/2022
Date