

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

1 1
Route# Direction Name of Roadway/Street At
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
2 1
Route# Direction Name of Intersecting Roadway/Street

2 10
779 WASHINGTON ST
Route# Direction Address # Name of Roadway/Street
Feet N S E W of _____ or _____ Mile Marker Exit Number
6 11
Feet N S E W of _____ Route# Intersecting Roadway/Street
Feet N S E W of _____ Landmark

3 Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
Crash Report ID# 22-296-AC

4 3
License # 46525427 St TX DOB/Age 05/10/1975 Reg # AG25001 Reg Type APN Reg State AZ
Sex M Lic. Class D 19 19 Lic. Restrictions 97 20 CDL Endorsement
Operator DAVIS, JOHN Owner U-HAUL
Address 1300 W 19TH ST Address 2727 N CENTRAL AVE
City HOUSTON State TX Zip 77008 City PHOENIX State AZ Zip 85004
Insurance Company _____ Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 10 27 27
5 1
Vehicle Travel Direction: N S X W Responding to Emergency? 2 Event Sequence 1 23 41 23 42 23 23 Test Status: 28
Citation # (If Issued) 595681AB Most Harmful Event 1 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 25 Driver Contributing Code 10 25 3 25 BAC Test Result: 30
6 1
Viol. 3: Ch/Sec/Sub 89 9 Viol. 4: Ch/Sec/Sub 90 17 Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 1 33

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
Operator	See Above			1	99	99	0	0			

7 2 Please Select One of the Following: Vehicle 21 Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

8 2
License # 258968873 St NY DOB/Age 11/26/1955 Reg # H9V553 Reg Type PAN Reg State NY
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement
Operator COGEN, RICHARD M Owner COGEN, RICHARD M
Address 815 RIVERVIEW RD Address 815 RIVERVIEW RD
City REXFORD State NY Zip 12148 City REXFORD State NY Zip 12148
Insurance Company AMICA MUTUAL INS CO
9 2
Vehicle Travel Direction: X 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 _____
Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 10 27 0 27
Event Sequence 1 23 23 23 23 Test Status: 28
Most Harmful Event 1 24 Type of Test: 29
Driver Contributing Code 1 25 25 BAC Test Result: 30
Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 1 33

Please fill out for operator/non-motorist 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
Operator/Non-Motorist	See Above			1	1	3	0	2			

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

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

2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

1 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

6 **779 WASHINGTON ST**

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

Feet **N S E W** of _____ of _____ or _____ Mile Marker _____ Exit Number _____

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

Feet **N S E W** of _____ of _____ Landmark _____

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

Crash Report ID# **22-296-AC**

License # **S30324902** St **MA** DOB/Age **01/07/1975** Reg # **5RS265** Reg Type **PC** Reg State **MA**

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

Operator **BOWLIN, RENEE J** Owner **BOWLIN, RENEE J**

Address **65 OLD SPENCER RD** Address **65 OLD SPENCER RD**

City **CHARLTON** State **MA** Zip **01507-1272** City **CHARLTON** State **MA** Zip **01507-1272**

Insurance Company **SAFETY INSURANCE COMPANY**

Vehicle Travel Direction: **N 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 _____

Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **7** 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 **1** 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	1	2	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 # **NHL13647585** St **NH** DOB/Age **03/21/1964** Reg # **507507** Reg Type **PAN** Reg State **NH**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2016** Veh Make **JEEP** Veh Config. **1** 21

Operator **TRUSSELL, CLINTON ALBERT** Owner **TRUSSELL, CLINTON ALBERT**

Address **135 DEER DR** Address **135 DEER DR**

City **SILVER LAKE** State **NH** Zip **03875** City **SILVER LAKE** State **NH** Zip **03875**

Insurance Company **UNITED SERVICES AUTO INS**

Vehicle Travel Direction: **N 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 _____

Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **1** 27 10 27 27

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

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

Driver Contributing Code **1** 25 25 BAC Test Result: **30**

Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **1** 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	1	0	0	1		
LORI TRUSSELL	135 DEER DR SILVER LAKE, NH 03875	03/08/1963	F	11	1	1	0	0	1		

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ☺ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ☺

SEE ACCIDENT RECONSTRUCTION DIAGRAM

If Crash Did Not Occur on a Public Way:

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

↑ Arrow



Crash Narrative:

Vehicle 1 (U-Haul), was travelling east on Route 20/ Washington Street approaching the South Street intersection. Vehicle 1 was travelling at a high rate of speed and failed to stop at the red traffic light. Vehicle 2 (Infinity) was travelling north on South Street with the green traffic light. Vehicle 1 collided into the driver side front end of vehicle 2.

Vehicle 3 was travelling west on Route 20 and observed the crash. It pulled to the right to avoid vehicle 1. Vehicle 1 crossed into the westbound lane and side swiped the driver side of vehicle 3.

Vehicle 4 (Jeep), was travelling west on Route 20 and observed the crash. It attempted to avoid the U-Haul by moving into the right lane. Vehicle 4 was struck head on by vehicle 1.

See Accident Reconstruction report for further details.

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

65JM

Auburn Police Department

09/14/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date