

Date of Crash 08/18/2023 Time of Crash 0633 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0

Speed Limit 30 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 Address # Name of Roadway/Street Feet [N S X W] of Mile Marker Exit Number Feet [N S X W] of Route# Intersecting Roadway/Street Feet [N S E W] of Landmark

Please Select One of the Following: [X] Vehicle 12 #Occupants [] Hit/Run [] Moped Crash Report ID# 23-278-AC

License # S60997917 St MA DOB/Age 10/16/1970 Reg # 3MSM66 Reg Type PC Reg State MA Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator DRAKE, DAVID D Owner DRAKE, DAVID D Address 43 TINKER HILL RD City AUBURN State MA Zip 01501-1314 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27 Vehicle Travel Direction: [N S X W] Responding to Emergency? 2 Event Sequence 24 23 23 23 23 Test Status: 3 28 Type of Test: 2 29 BAC Test Result: 5 30 Citation # (If Issued) 134365AC Most Harmful Event 24 24 Driver Contributing Code 14 25 25 Susp. Alcohol: 1 31 Susp. Drug: 99 32 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 6 26 Towed from scene? 3 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Table with columns: 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: DAWN SAMPSON, 111 PLEASANT ST SOUTHBRIDGE, MA 01550, 11/14/1977, F, 3, 1, 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 # St DOB/Age Reg # Reg Type Reg State Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator Owner Address 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 Type of Test: 29 BAC Test Result: 30 Citation # (If Issued) Most Harmful Event 24 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 26 Towed from scene? 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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