

Date of Crash <b>08/19/2023</b>	Time of Crash <b>1230</b> 24HR	City/Town <b>Auburn</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles <b>2</b>	Number Injured <b>0</b>	Speed Limit <b>40</b>	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

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

<b>SOUTHBRIDGE ST</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____ <b>WATER ST</b> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <b>N S E W</b> of _____ • _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <b>N S E W</b> of _____ _____ Landmark _____	
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Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  
 Crash Report ID# **23-279-AC**

License # <b>SA1620990</b> St <b>MA</b> DOB/Age <b>07/28/2003</b>	Reg # <b>P85337</b> Reg Type <b>CO</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D 19 19</b> Lic. Restrictions <b>1 20</b> CDL _____	Veh Year <b>2020</b> Veh Make <b>FORD</b> Veh Config. <b>97 21</b>
Operator <b>DUROCHER, JACQUES THOMAS</b>	Owner <b>BELHUMEUR, MATTHEW ROGER</b>
Address <b>786 OXFORD STREET SO</b>	Address <b>442 GROVE ST</b>
City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-1816</b>	City <b>PAXTON</b> State <b>MA</b> Zip <b>01612-1143</b>
Insurance Company <b>FARM FAMILY CASUALTY INSU</b>	Vehicle Action Prior to Crash <b>1 22</b> Damaged Area Code: <b>3 27 27 27</b>
Vehicle Travel Direction: <b>N S E X</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1 24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>1 25 25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Towed from scene? <b>2 33</b>

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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

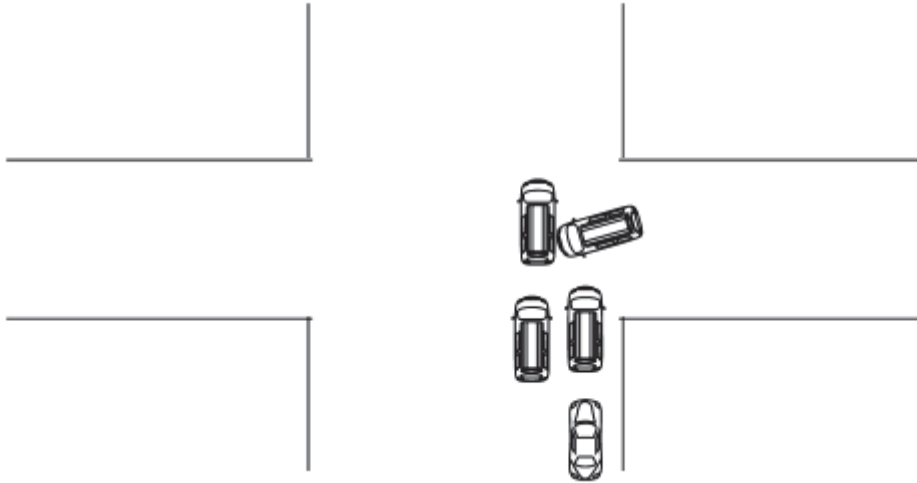
Please Select One of the Following:  Vehicle **2** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # <b>S61227375</b> St <b>MA</b> DOB/Age <b>09/18/1979</b>	Reg # <b>3MCK67</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D 19 19</b> Lic. Restrictions <b>1 20</b> CDL _____	Veh Year <b>2022</b> Veh Make <b>Infiniti</b> Veh Config. <b>1 21</b>
Operator <b>CHEAH, WENDDY HSIAO-I</b>	Owner <b>CHEAH, WENDDY HSIAO-I</b>
Address <b>6 JAY ST</b>	Address <b>6 JAY ST</b>
City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-1963</b>	City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-1963</b>
Insurance Company <b>PLYMOUTH ROCK ASSURANCE C</b>	Vehicle Action Prior to Crash <b>4 22</b> Damaged Area Code: <b>1 27 27 27</b>
Vehicle Travel Direction: <b>N X E W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1 24</b> Type of Test: <b>97 29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>18 25 4 25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>7 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
	Towed from scene? <b>2 33</b>

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**Crash Diagram:**

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**If Crash Did Not Occur on a Public Way:**

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

I ..... Arrow

**Crash Narrative:**

MV#1 TRAVELLING WEST ON SOUTHBRIDGE STREET WITH TRAFFIC ON TWO LANE ROAD.

MV#2 ATTEMPTING TO EXIT FROM WATER STREET TO TAKE A LEFT ONTO SOUTHBRIDGE STREET, STRUCK THE REAR PASSENGER WHEEL OF MV#1.

MV#1 DAMAGE TO TIRE AND RIM, MV#2 DAMAGE TO FRONT GRILL BUMPER AREA. BOTH MV'S ABLE TO BE DRIVEN FROM SCENE.

NO INJURIES, NO TOW, NO CITATION.

**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 E McLaughlin      94JM      Auburn Police Department      08/19/2023  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date