

Date of Crash 08/30/2023, Time of Crash 1353, City/Town Auburn, Motor Vehicle Crash Police Report, Number Vehicles 2, Number Injured 2, Speed Limit 40, State Police, Local Police, MBTA Police, Campus Police, Other: []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

WASHINGTON ST, ELM ST, Route#, Direction, Name of Roadway/Street, Address #, Name of Roadway/Street, Feet, Mile Marker, Exit Number, Route#, Intersecting Roadway/Street, Landmark

Please Select One of the Following: [X] Vehicle 12 #Occupants, [] Hit/Run, [] Moped, Crash Report ID# 23-294-AC

License # S91432654, St MA, DOB/Age 11/01/1990, Reg # T25209, Reg Type CON, Reg State MA, Sex M, Lic. Class B 19 19, Lic. Restrictions 99 20, CDL Endorsement, Operator LEE, CHRISTOPHER T, Owner ATS EQUIPMENT INC, Address 47 GILBERT ST, 33 LOCUST ST, City NORTH BROOKFIELD, BOSTON, State MA, Zip 01535-1460, 02125-1105, Insurance Company MOTORISTS COMMERCIAL MUTU, Vehicle Action Prior to Crash 1 22, Damaged Area Code: 1 27 3 27 7 27, Event Sequence 1 23 23 23 23, Test Status: 1 28, Type of Test: 99 29, BAC Test Result: 1 30, Driver Contributing Code 1 25 25, Susp. Alcohol: 2 31, Susp. Drug: 2 32, Driver Distracted by 0 26, Towed from scene? 1 33

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: ROBERT STANGELO, 133 KEITH HILL RD SOUTH GRAFTON, MA 01560-1203, 03/15/1970, M, 3, 1, 4, 0, 0, 10, 1

Please Select One of the Following: [X] Vehicle 22 #Occupants, [] Non-Motorist A, Type 15, Action 16, Location 17, Condition 18, [] Hit/Run, [] Moped

License # S82015886, St MA, DOB/Age 02/16/1990, Reg # 4FYH14, Reg Type PAN, Reg State MA, Sex F, Lic. Class D 19 19, Lic. Restrictions 1 20, CDL Endorsement, Operator GOULD, VICTORIA G, Owner GOULD, VICTORIA G, Address 234 PROVIDENCE RD, 234 PROVIDENCE RD, City SOUTH GRAFTON, SOUTH GRAFTON, State MA, Zip 01560-1108, 01560-1108, Insurance Company THE COMMERCE INSURANCE CO, Vehicle Action Prior to Crash 6 22, Damaged Area Code: 11 27 27 27, Event Sequence 1 23 23 23 23, Test Status: 1 28, Type of Test: 99 29, BAC Test Result: 1 30, Driver Contributing Code 4 25 25, Susp. Alcohol: 2 31, Susp. Drug: 2 32, Driver Distracted by 99 26, Towed from scene? 2 33

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/Non-Motorist: [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED]

