

Date of Crash **09/05/2023** Time of Crash **0816** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** 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 _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street **SOUTHBRIDGE ST**

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

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

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

425 Feet **N X E W** of _____ **I90 ON RAMP** Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-299-AC**

License # **S20701821** St **MA** DOB/Age **10/11/1960** Reg # **3TLJ59** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **A 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2019** Veh Make **TOYOTA** Veh Config. **1 21**

Operator **CULLINAN, TIMOTHY JOSEPH** Owner **CULLINAN, TIMOTHY JOSEPH**

Address **147 GORE RD APT 2** Address **147 GORE RD APT 2**

City **WEBSTER** State **MA** Zip **01570-6820** City **WEBSTER** State **MA** Zip **01570-6820**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **8 27 1 27 2 27**

Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ 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	XXXXXX	XXXX	1	0	4	3	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 # **087237998** St **CT** DOB/Age **08/17/1975** Reg # **X21676** Reg Type **CON** Reg State **MA**

Sex **M** Lic. Class **A 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2015** Veh Make **FREIGHTLINER** Veh Config. **97 21**

Operator **CLINTON, JEREMY TODD** Owner **NEW ENGLAND INFRASTRUCTURE INC**

Address **197 DUGG HILL RD** Address **16 BRENT DR**

City **WOODSTOCK** State **CT** Zip **06281** City **HUDSON** State **MA** Zip **01749**

Insurance Company **TWIN CITY FIRE INSURANCE** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **6 27 5 27 27**

Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **29**

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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	XXXXXX	XXXX	1	1	5	0	0	10	1	

