

Date of Crash 09/24/2023	Time of Crash 1448 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>40</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>314</u> Direction _____ Address # <u>WASHINGTON ST</u> Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____
	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
Crash Report ID# **23-321-AC**

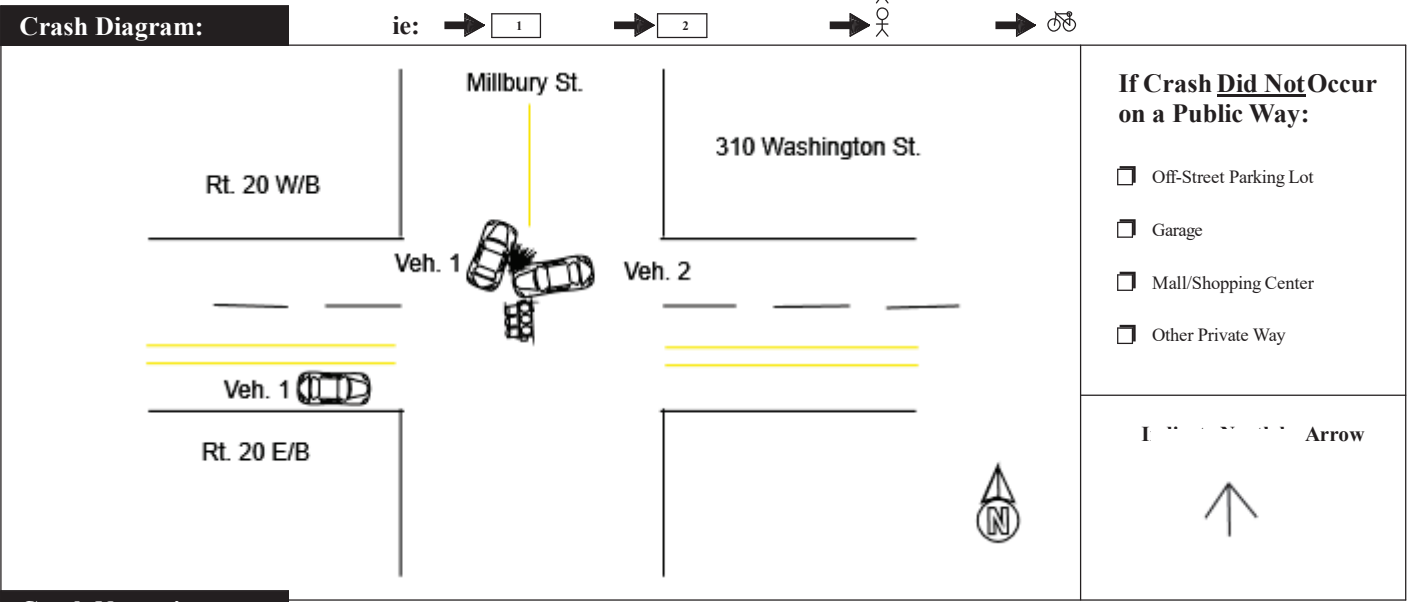
License # <u>S56512673</u> St <u>MA</u> DOB/Age <u>12/18/1989</u> Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>GAUCHER, KATHERINE LEE</u> Address <u>2 GRANITE ST</u> City <u>MILLBURY</u> State <u>MA</u> Zip <u>01527-3129</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>197461AC</u> Viol. 1: Ch/Sec/Sub <u>90</u> <u>24</u> Viol. 2: Ch/Sec/Sub <u>90</u> <u>24</u> Viol. 3: Ch/Sec/Sub <u>89</u> <u>9</u> Viol. 4: Ch/Sec/Sub _____	Reg # <u>G9600</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2006</u> Veh Make <u>LEXUS</u> Veh Config. <u>1</u> Owner <u>GAUCHER, LISA M</u> Address <u>2 GRANITE ST</u> City <u>MILLBURY</u> State <u>MA</u> Zip <u>01527-3129</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>3</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>2</u> <u>29</u> Driver Contributing Code <u>10</u> <u>25</u> <u>4</u> <u>25</u> BAC Test Result: <u>5</u> <u>30</u> Driver Distracted by <u>5</u> <u>26</u> Susp. Alcohol: <u>1</u> <u>31</u> Susp. Drug: <u>99</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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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	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 # <u>S57973221</u> St <u>MA</u> DOB/Age <u>01/12/1961</u> Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>SHAFFER, JEFFREY S</u> Address <u>11 RIVERSTONE WAY</u> City <u>FRANKLIN</u> State <u>MA</u> Zip <u>02038-4138</u> Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>3TBN93</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2023</u> Veh Make <u>HYUNDAI</u> Veh Config. <u>1</u> Owner <u>SHAFFER, JEFFREY S</u> Address <u>11 RIVERSTONE WAY</u> City <u>FRANKLIN</u> State <u>MA</u> Zip <u>02038-4138</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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	4	0	0	10	1	



Crash Narrative:

Vehicle one was traveling eastbound on Rt. 20 (public way), Vehicle two was traveling westbound. Vehicle one attempted to turn north onto Millbury St (turning left). Vehicle one failed to yield to on coming traffic, as a result vehicle two struck vehicle one as it was proceeding through the intersection with the right of way.

Vehicle one was towed from the scene (see 23-232-AR).

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 Stephen Koopman	80SK	Auburn Police Department	09/24/2023
Police Officer Name (Please Print)	Signature	ID/Badge # Department	Precinct/Barracks Date