

Date of Crash **09/30/2023** Time of Crash **2118** 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:   
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**SOUTHBRIDGE ST**  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
 At \_\_\_\_\_  
**HILL ST**  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Also at Intersection with \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **23-327-AC**

License # **S54106815** St **MA** DOB/Age **02/16/1977** Reg # **AV51106** Reg Type **PC** Reg State **CT**  
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL \_\_\_\_\_ Veh Year **2019** Veh Make **CHEVROLET** Veh Config. **1 21**  
 Operator **TURNER, LEO REYNOLDS** Owner **US GLASS DISTRIBUTORS**  
 Address **199 W MAIN ST** Address **7 NIBLILCK RD**  
 City **MILLBURY** State **MA** Zip **01527-1441** City **ENFIELD** State **CT** Zip **06082**  
 Insurance Company **Progressive Casualty Insu** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 27 27**  
 Vehicle Travel Direction: **N S X 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: **2 31** Susp. Drug: **2 32**  
 Towed from scene? **1 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>2</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 # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **1LZT55** Reg Type **PC** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL \_\_\_\_\_ Veh Year **2016** Veh Make **MERCEDES-BENZ** Veh Config. **1 21**  
 Operator \_\_\_\_\_ Owner **DWAMENA, LEISA DORCAS**  
 Address \_\_\_\_\_ Address **31 ONSET ST**  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **WORCESTER** State **MA** Zip **01604-0000**  
 Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **8 22** Damaged Area Code: **1 27 27 27**  
 Vehicle Travel Direction: **N S E X** 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**  
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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
<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>	

