

Date of Crash 11/24/2023	Time of Crash 1801 24HR	City/Town Auburn	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	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:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	<b>12 N 717 SOUTHBRIDGE ST</b>
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 _____ 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 _____ Landmark _____

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped **Crash Report ID# 23-399-AC**

License # <b>S76533995</b> St <b>MA</b> DOB/Age <b>09/07/1985</b>	Reg # <b>9TP472</b> Reg Type <b>PAN</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>2020</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1 21</b>
Operator <b>LARAMEE, JENNIFER LYNN</b>	Owner <b>LARAMEE, JENNIFER LYNN</b>
Address <b>49 W BROOKFIELD RD</b>	Address <b>49 W BROOKFIELD RD</b>
City <b>NORTH BROOKFIELD</b> State <b>MA</b> Zip <b>01535-1349</b>	City <b>NORTH BROOKFIELD</b> State <b>MA</b> Zip <b>01535-1349</b>
Insurance Company <b>PROGRESSIVE DIRECT INSURA</b>	Vehicle Action Prior to Crash <b>4 22</b> Damaged Area Code: <b>1 27 2 27 8 27</b>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W 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>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>4 25 18 25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0 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 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>_____</del>	<del>_____</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>378816836</b> St <b>NY</b> DOB/Age <b>08/21/1996</b>	Reg # <b>4KWZ44</b> Reg Type <b>PAN</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>2023</b> Veh Make <b>HYUNDAI</b> Veh Config. <b>1 21</b>
Operator <b>PATEL, VIJAYKUMAR R</b>	Owner <b>KARM 714 INC</b>
Address <b>4332 KISSENA BLVD APT 9F</b>	Address <b>714 SOUTHBRIDGE ST</b>
City <b>FLUSHING</b> State <b>NY</b> Zip <b>11355</b>	City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-1835</b>
Insurance Company <b>SAFETY INSURANCE COMPANY</b>	Vehicle Action Prior to Crash <b>1 22</b> Damaged Area Code: <b>3 27 27 27</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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>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>0 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>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

