

Date of Crash **12/27/2023** Time of Crash **1726** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **4** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

20 W WASHINGTON ST
Route# Direction Name of Roadway/Street
At
SOUTH ST
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

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
Feet **N S E W** of _____
Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
Crash Report ID# **23-448-AC**

License # **S25954490** St **MA** DOB/Age **06/07/1997** Reg # **4CLD28** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL Endorsement
Operator **PETTES, HALLE NICOLE** Owner **PETTES, HALLE NICOLE**
Address **35 WILES RD PH** Address **35 WILES RD PH**
City **STERLING** State **MA** Zip **01564-1461** City **STERLING** State **MA** Zip **01564-1461**
Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1 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: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **4 25 5 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **2 33**

Please fill out for operator and all occupants involved

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	See Above	XXXXXX	XXXX	1	1	4	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 # **SA5610023** St **MA** DOB/Age **11/13/2004** Reg # **9LP971** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL Endorsement
Operator **RIENDEAU, ANGELINA MARIANA BARBAR** Owner **RIENDEAU, KRISTY M**
Address **11 WARREN ST** Address **11 WARREN ST**
City **NORTH BROOKFIELD** State **MA** Zip **01535-1508** City **NORTH BROOKFIELD** State **MA** Zip **01535-1508**
Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **1 27 5 27 27**
Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1 23 1 23 23 23** Test Status: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **2 33**

Please fill out for operator/non-motorist and all occupants involved

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	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 12/27/2023	Time of Crash 1726 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 4	Number Injured 0	Speed Limit <u>40</u>	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
						Latitude _____					
						Longitude _____					

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

20 W WASHINGTON ST Route# Direction Name of Roadway/Street At SOUTH ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street	Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ 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 _____ Route# Intersecting Roadway/Street _____ Landmark _____
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Please Select One of the Following: Vehicle 3.3 #Occupants Hit/Run Moped **Crash Report ID# 23-448-AC**

License # S63561465 St MA DOB/Age 01/27/1992 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator STANTON, ASHLEY C Address 8 SCOTT TER APT 508 City HOLDEN State MA Zip 01520-2644 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 996WPX Reg Type PAN Reg State MA Veh Year 2017 Veh Make KIA Veh Config. 1 21 Owner STANTON, ASHLEY C Address 8 SCOTT TER APT 508 City HOLDEN State MA Zip 01520-2644 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 1 27 27 Event Sequence 1 23 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33
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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	4	0	0	10	1	
GARRETT LAVALLEE	28 BREWSTER RD WORCESTER, MA 01602-2214	03/14/1991	M	3	1	4	0	0	10	1	
XXXXXXXXXX	XXXXXXXXXX	XXXXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	

Please Select One of the Following: Vehicle 4.1 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # S95767942 St MA DOB/Age 05/01/1951 Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____ Operator BRODEUR, MARY MARGARET Address 24 HOPE AVE City OXFORD State MA Zip 01540-2086 Insurance Company THE HANOVER INSURANCE COM Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 76LY45 Reg Type PAN Reg State MA Veh Year 2017 Veh Make TOYOTA Veh Config. 1 21 Owner BRODEUR, MARY MARGARET Address 24 HOPE AVE City OXFORD State MA Zip 01540-2086 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27 Event Sequence 1 23 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33
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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	

