

Date of Crash **04/13/2024** Time of Crash **1322** 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# **711** Direction _____ Address # **SOUTHBRIDGE ST** 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 Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-110-AC**

License # **S97737420** St **MA** DOB/Age **03/29/1958** Reg # **9BF218** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL _____ Endorsement _____
 Operator **CONLEY, PEGGY J** Owner **CONLEY, PEGGY J**
 Address **1350 MAIN ST** Address **1350 MAIN ST**
 City **LEICESTER** State **MA** Zip **01524-1318** City **LEICESTER** State **MA** Zip **01524-1318**
 Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **6** **22** Damaged Area Code: **8** **27** **27** **27**
 Vehicle Travel Direction: **N X 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 **4** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** **26** Susp. Alcohol: **31** Susp. Drug: **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
Operator		See Above	X	X	1	1	4	0	0	10	1

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # **S00412856** St **MA** DOB/Age **12/25/1967** Reg # **1DKV36** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Endorsement _____
 Operator **HOEY, PETER C** Owner **HOEY, PETER C**
 Address **7 BUTTERNUT RD** Address **7 BUTTERNUT RD**
 City **SUTTON** State **MA** Zip **01590-2929** City **SUTTON** State **MA** Zip **01590-2929**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **27** **27**
 Vehicle Travel Direction: **X 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** **26** Susp. Alcohol: **31** Susp. Drug: **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
Operator/Occupants		See Above	X	X	1	1	4	0	0	10	1

