

Date of Crash **04/17/2024** Time of Crash **0644** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **40** State Police  Local Police  MBTA Police  Campus Police  Other:

**AT INTERSECTION:** < **LOCATION** > **NOT AT INTERSECTION:**

**1** **1** **2** **10**  
**1** **11**  
**8**  
**2** **1**  
**3** **99**

**APPLETON RD**  
Route# Direction Name of Roadway/Street  
At  
**WASHINGTON 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  Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-114-AC**

**1** **12**  
**1** **21**  
**4** **3**  
**5** **1**  
**6** **1**  
**1** **13**

License # **S56220792** St **MA** DOB/Age **09/06/1985** Reg # **7VE842** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL Endorsement  
Operator **LA MORA, TIMOTHY RYAN** Owner **LAMORA, AMANDA LEE**  
Address **30 WILLIAMS ST APT 1** Address **30 WILLIAMS ST APT 1**  
City **SOUTHBRIDGE** State **MA** Zip **01550-2468** City **SOUTHBRIDGE** State **MA** Zip **01550-2468**  
Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 2 27 27**  
Vehicle Travel Direction: **N S X W** 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: **0 29**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **13 25 1 25** BAC Test Result: **1 30**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **5 26 0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
Towed from scene? **1 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**7** **2**  
Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

**8** **1**  
**9** **2**  
**1** **14**

License # **S25886356** St **MA** DOB/Age **04/25/1958** Reg # **4WNA28** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL Endorsement  
Operator **MARTINEAU, LYNNE A** Owner **MARTINEAU, JEFFREY LOUIS**  
Address **222 CHARLTON RD** Address **222 CHARLTON RD**  
City **SPENCER** State **MA** Zip **01562-2803** City **SPENCER** State **MA** Zip **01562-2803**  
Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **5 27 0 27 27**  
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 1 23 1 23 23** Test Status: **1 28**  
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Towed from scene? **1 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
<b>Operator/Occupants</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Date of Crash 04/17/2024 Time of Crash 0644 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0

Speed Limit 40 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

APPLETON RD WASHINGTON ST

Route# Direction Name of Roadway/Street

Please Select One of the Following: Vehicle 31 #Occupants Hit/Run Moped Crash Report ID# 24-114-AC

License # S62312357 St MA DOB/Age 06/27/1995 Reg # 7RP713 Reg Type PC Reg State MA

Table with columns: Name, 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

Please Select One of the Following: Vehicle 4 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age Reg # Reg Type Reg State Veh Year Veh Make Veh Config

Table with columns: Name, 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

