

Date of Crash **04/19/2024** Time of Crash **1736** 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# **697** Direction _____ Address # **SOUTHBRIDGE ST** Name of Roadway/Street _____

Feet **N S E W** of _____ of _____ or _____ Mile Marker _____ Exit Number _____

Feet **N S E W** of _____ of _____ Route# _____ Intersecting Roadway/Street _____

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

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-118-AC**

License # **S66558791** St **MA** DOB/Age **07/14/1961** Reg # **FW887Y** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **A 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2007** Veh Make **HONDA** Veh Config. **2 21**

Operator **PARRY, JOSEPH WAYNE** Owner **PARRY, JOSEPH WAYNE**

Address **58 MCINTYRE RD** Address **58 MCINTYRE RD**

City **NORTH OXFORD** State **MA** Zip **01537-1213** City **NORTH OXFORD** State **MA** Zip **01537-1213**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: **N X E 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: **1 29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 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	
Operator		See Above	X	X	1	1	1	0	0	10	1	

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

License # **SA6970416** St **MA** DOB/Age **10/20/2004** Reg # **1JJT67** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2016** Veh Make **JEEP** Veh Config. **1 21**

Operator **COBURN, HALLY MARIE** Owner **RODRIGUEZ, LAURA JEAN**

Address **35 WORCESTER ST** Address **13 BROCHU ST APT 3**

City **SOUTHBRIDGE** State **MA** Zip **01550-3451** City **SOUTHBRIDGE** State **MA** Zip **01550-2266**

Insurance Company **LIBERTY MUTUAL PERSONAL I** Vehicle Action Prior to Crash **6 22** Damaged Area Code: **6 27 27 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**

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Operator/Occupants		See Above	X	X	1	1	4	0	0	10	1	

