

Date of Crash **04/20/2024** Time of Crash **0842** 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# **541** 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 **Crash Report ID# 24-119-AC**

License # **S65866513** St **MA** DOB/Age **11/05/2000** Reg # **BS10PM** Reg Type **PAN** Reg State **FL**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2016** Veh Make **TOYOTA** Veh Config. **1**

Operator **BURGENER, ABIGAIL S** Owner **BURGENER, ABIGAIL S**

Address **201 RICE CORNER RD** Address **201 RICE CORNER RD**

City **BROOKFIELD** State **MA** Zip **01506-1807** City **BROOKFIELD** State **MA** Zip **01506-1807**

Insurance Company **USAA CASUALTY** Vehicle Action Prior to Crash **2** Damaged Area Code: **6**

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** Type of Test: **29**

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

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **2**

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>XXXXXX</del>	<del>XXXX</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  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

License # **S40608778** St **MA** DOB/Age **07/22/1993** Reg # **X22628** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2018** Veh Make **FORD** Veh Config. **1**

Operator **JOSEPH, RICHARD ALLEN** Owner **MIKE ALBERT LTD**

Address **4 MEADOW LN APT 11** Address **10340 EVENDALE DR**

City **BRIDGEWATER** State **MA** Zip **02324** City **CINCINNATI** State **OH** Zip **45241-0000**

Insurance Company **NATIONAL CONTINENTAL INSU** Vehicle Action Prior to Crash **1** Damaged Area Code: **2**

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **5** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **2**

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/Occupants</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

