

Date of Crash **04/23/2024** Time of Crash **1552** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

CENTRAL ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
MILLBURY 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# 24-121-AC**

License # **S79846842** St **MA** DOB/Age **10/01/1955** Reg # **4PY471** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2015** Veh Make **FORD** Veh Config. **1 21**
Operator **TYBOROWSKI, DEBORAH ANN** Owner **TYBOROWSKI, DEBORAH ANN**
Address **11 MCGILL ST** Address **11 MCGILL ST**
City **WORCESTER** State **MA** Zip **01607-1320** City **WORCESTER** State **MA** Zip **01607-1320**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 27 27**
Vehicle Travel Direction: S 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: **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? **2 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 # **S55962654** St **MA** DOB/Age **11/06/1951** Reg # **8AL556** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2016** Veh Make **NISSAN** Veh Config. **1 21**
Operator **RYAN, CYNTHIA A** Owner **LINDERS INC**
Address **2 CHURCH ST** Address **211 GRANITE ST**
City **AUBURN** State **MA** Zip **01501** City **WORCESTER** State **MA** Zip **01607-1217**
Insurance Company **REPUBLIC-FRANKLIN INSURAN** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **4 27 27 27**
Vehicle Travel Direction: N S 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: **29**
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Operator/Occupants		See Above	X	X	1	1	4	0	0	10	1

