

Date of Crash **05/01/2024** Time of Crash **1637** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **50** State Police Local Police MBTA Police Campus Police Other:

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

Route# **20** Direction **W** Name of Roadway/Street **189 WASHINGTON ST**
 Route# **20** Direction **W** Name of Roadway/Street **189 WASHINGTON ST**
 At _____
 _____ 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 _____
 Route# _____ Intersecting Roadway/Street _____
 Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-126-AC**

License # **S66531218** St **MA** DOB/Age **08/26/2000** Reg # **1PSF29** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2007** Veh Make **ACURA** Veh Config. **1**
 Operator **COLLINS, MICHAEL A** Owner **COLLINS, MICHAEL A**
 Address **36 DUTTON ST** Address **36 DUTTON ST**
 City **WORCESTER** State **MA** Zip **01610-3023** City **WORCESTER** State **MA** Zip **01610-3023**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **1**
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**
 Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **5** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1**

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 # **S29934433** St **MA** DOB/Age **09/23/1999** Reg # **5FL921** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2017** Veh Make **JEEP** Veh Config. **1**
 Operator **MARTINELLI, JULIANNA CATHERINE** Owner **MARTINELLI, MICHAEL DINO**
 Address **12 GODDARD DR** Address **12 GODDARD DR**
 City **AUBURN** State **MA** Zip **01501-4408** City **AUBURN** State **MA** Zip **01501-4408**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **2** Damaged Area Code: **5**
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**
 Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**
 Viol. 3: Ch/Sec/Sub _____ 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
Operator/Occupants		See Above	X	X	1	1	4	0	0	10	1

Date of Crash 05/01/2024 Time of Crash 1637 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0 Speed Limit 50 State Police Local Police MBTA Police Campus Police Other: [] [] [] [] []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Location details including Route#, Direction, Name of Roadway/Street, At, Name of Intersecting Roadway/Street, Also at Intersection with, Landmark.

Please Select One of the Following: [X] Vehicle 31 #Occupants [] Hit/Run [] Moped Crash Report ID# 24-126-AC

Operator and Owner information including License #, St, DOB/Age, Reg #, Reg Type, Reg State, Sex, Lic. Class, Lic. Restrictions, CDL Endorsement, Veh Year, Veh Make, Veh Config, Address, City, State, Zip, Insurance Company, Vehicle Action Prior to Crash, Event Sequence, Most Harmful Event, Driver Contributing Code, Driver Distracted by, Damaged Area Code, Test Status, Type of Test, BAC Test Result, Susp. Alcohol, Susp. Drug, Towed from scene?

Table for Operator and all occupants involved with columns for Name, Address, DOB/Age, Sex, Seat Pos., Safety System, Airbag Status, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility.

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

Operator and Owner information for a second vehicle, including License #, St, DOB/Age, Reg #, Reg Type, Reg State, Sex, Lic. Class, Lic. Restrictions, CDL Endorsement, Veh Year, Veh Make, Veh Config, Address, City, State, Zip, Insurance Company, Vehicle Action Prior to Crash, Event Sequence, Most Harmful Event, Driver Contributing Code, Driver Distracted by, Damaged Area Code, Test Status, Type of Test, BAC Test Result, Susp. Alcohol, Susp. Drug, Towed from scene?

Table for Operator/Occupants involved with columns for Name, Address, DOB/Age, Sex, Seat Pos., Safety System, Airbag Status, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility.

