

Date of Crash 05/02/2024	Time of Crash 0737 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 310 Direction _____ Address # WASHINGTON ST Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ 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# **24-127-AC**

License # S65261042 St MA DOB/Age 01/30/1947	Reg # 5DNF87 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2020 Veh Make HONDA Veh Config. 1 21
Operator OCONNOR, HARRIET EDITH Last First Middle	Owner OCONNOR, HARRIET EDITH Last First Middle
Address 9 LOCUST ST	Address 9 LOCUST ST
City DOUGLAS State MA Zip 01516-2441	City DOUGLAS State MA Zip 01516-2441
Insurance Company NORFOLK & DEDHAM MUTUAL F	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27
Vehicle Travel Direction: N S X W Responding to Emergency? 2	Event Sequence 1 23 23 23 23 Test Status: 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 99 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 26 26 Susp. Alcohol: 31 Susp. Drug: 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	XXXXXX	X	1	99	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 # S19302957 St MA DOB/Age 10/31/1984	Reg # C339792 Reg Type CO Reg State CT
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2021 Veh Make CHEVROLET Veh Config. 2 21
Operator SEGARRA, GIL A Last First Middle	Owner CERTIFIED AUTO PARTS OF CONNECTICUT INC Last First Middle
Address 507 STAFFORD ST APT 8	Address 105 MILES ST
City CHERRY VALLEY State MA Zip 01611	City BRIDEPORT State CT Zip 06607
Insurance Company PROGRESSIVE CASUALTY INSU	Vehicle Action Prior to Crash 1 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: 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 99 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 26 26 Susp. Alcohol: 31 Susp. Drug: 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/Occupants	See Above	XXXXXX	X	1	99	4	0	0	10	1	

