

Date of Crash **05/07/2024** Time of Crash **0627** 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:

**OTIS ST**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_  
**OXFORD STREET NO**  
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# 24-129-AC**

License # **3115059** St **RI** DOB/Age **06/11/1992** Reg # **SY847** Reg Type **PC** Reg State **RI**  
Sex **F** Lic. Class **D 19 D 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_ Veh Year **2018** Veh Make **HONDA** Veh Config. **1 21**  
Operator **UCH, BRENDA** Owner **UCH, BRENDA**  
Address **89 WESLEYAN AVE** Address **89 WESLEYAN AVE**  
City **PROVIDENCE** State **RI** Zip **02907** City **PROVIDENCE** State **RI** Zip **02907**  
Insurance Company **PROGRESSIVE** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **1 27 0 27 10 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: **0 29**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 13 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
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>99</b>	<b>1</b>

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

License # **S85462095** St **MA** DOB/Age **06/29/1978** Reg # **4EHC17** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D 19 D 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_ Veh Year **2023** Veh Make **CHEVROLET** Veh Config. **1 21**  
Operator **KITTREDGE, SCOTT CHRISTOPHER** Owner **RP MASIELLO INC**  
Address **71 HILL ST** Address **BX 742**  
City **AUBURN** State **MA** Zip **01501-3335** City **BOYLSTON** State **MA** Zip **01505-0742**  
Insurance Company **THE CINCINNATI INSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **6 27 7 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: **30**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 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
<b>Operator/Occupants</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

