

Date of Crash **05/08/2024** Time of Crash **1544** 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# **780** Direction _____ Address # **WASHINGTON 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 **13** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-131-AC**

License # **S99673840** St **MA** DOB/Age **12/22/1942** Reg # **1RTP51** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL _____ Veh Year **2015** Veh Make **HYUNDAI** Veh Config. **1** **21**
 Operator **GABREE, CHARLOTTE AUDREY** Owner **GABREE, CHARLOTTE AUDREY**
 Address **2 PEARL ST APT 122** Address **2 PEARL ST APT 122**
 City **MILLBURY** State **MA** Zip **01527-3138** City **MILLBURY** State **MA** Zip **01527-3138**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**
 Vehicle Travel Direction: **N S E X** 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 **19** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **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
EVELYN SHEPLEY	17 ELM ST MILLBURY, MA 01527-3104	01/12/1932	F	3	1	4	0	0	10	1	
JUDITH OLSON	75 N MAIN ST MILLBURY, MA 01527-2009	07/15/1940	F	11	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **22** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # **S97050813** St **MA** DOB/Age **05/20/1985** Reg # **45KC65** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2022** Veh Make **KIA** Veh Config. **1** **21**
 Operator **GRIFFIN, AMANDA C** Owner **GRIFFIN, AMANDA C**
 Address **140 GREEN ST** Address **140 GREEN ST**
 City **LEICESTER** State **MA** Zip **01524-1714** City **LEICESTER** State **MA** Zip **01524-1714**
 Insurance Company **GREEN MOUNTAIN INSURANCE** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **6** **27** **27** **27**
 Vehicle Travel Direction: **N S E X** 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: **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/Occupants		See Above	X	X	1	1	4	0	0	10	1
DREW SPENCER	13 MARBLE RD SPENCER, MA 01562	09/25/1986	M	3	1	4	0	0	10	1	

