

Date of Crash **05/09/2024** Time of Crash **0914** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **50** 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# **201** 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 **1** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-133-AC**

License # **S28565544** St **MA** DOB/Age **05/31/1990** Reg # **323A944** Reg Type **CON** Reg State **VT**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_ Veh Year **2018** Veh Make **Truck** Veh Config. **6 21**

Operator **DJIEDJOUR-TIAKO, LEONEL O** Owner **IRON MOUNTAIN**

Address **40 COMMONS DR APT 38** Address **11 MORSE RD**

City **SHREWSBURY** State **MA** Zip **01545-4908** City **ESSEX JCT** State **VT** Zip **05452**

Insurance Company **NL** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **1 27 2 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 **4 25 19 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	
<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>10</b>	<b>0</b>	<b>█</b>

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

License # **S94487128** St **MA** DOB/Age **01/12/1964** Reg # **5718VC** Reg Type **PAN** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_ Veh Year **2021** Veh Make **CHEVROLET** Veh Config. **2 21**

Operator **BUCKHOLT, CYNTHIA A** Owner **BUCKHOLT, CYNTHIA A**

Address **15 HALL RD APT T** Address **15 HALL RD APT T**

City **CHARLTON** State **MA** Zip **01507-5208** City **CHARLTON** State **MA** Zip **01507-5208**

Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **3 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**

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? **1 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>0</b>	<b>█</b>

