

Date of Crash **01/13/2024** Time of Crash **1051** 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:

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# **676** Direction _____ Address # **SOUTHBRIDGE 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 **12** #Occupants Hit/Run Moped Crash Report ID# **24-18-AC**

License # **S95807407409614** St **NJ** DOB/Age **09/20/1961** Reg # **H38FYH** Reg Type **PAN** Reg State **NJ**

Sex **U** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2015** Veh Make **Mini Cooper** Veh Config. **1 21**

Operator **SWEENEY, THOMAS M** Owner **SWEENEY, THOMAS M**

Address **12 SHERMAN AVE** Address **12 SHERMAN AVE**

City **WALDWICK** State **NJ** Zip **07463** City **WALDWICK** State **NJ** Zip **07463**

Insurance Company **NEW JERSEY MANUFACTURERS** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **6 27 5 27 27**

Vehicle Travel Direction: **S E 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 **1 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **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
Operator		See Above	X	X	1	1	4	0	0	10	1
LYNN SWEENEY	12 SHERMAN AVE WALDWICK, NJ 07463	07/16/1962	M	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S68846657** St **MA** DOB/Age **10/02/1995** Reg # **2EYY27** Reg Type **PAN** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **HONDA** Veh Config. **1 21**

Operator **MOWAD, NICHOLE CHRISTIAN** Owner **MOWAD, NICHOLE CHRISTIAN**

Address **22 TAFT ST APT 2** Address **22 TAFT ST APT 2**

City **BOSTON** State **MA** Zip **02125-4345** City **BOSTON** State **MA** Zip **02125-4345**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 1 27 27**

Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**

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Please fill out for operator/non-motorist 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/Non-Motorist		See Above	X	X	1	1	3	0	0	10	1

