

Date of Crash **01/15/2024** Time of Crash **1439** 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# **123** Direction _____ Address # **AUBURN 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 Crash Report ID# **24-19-AC**

License # _____ St _____ DOB/Age _____ Reg # **1EWL39** Reg Type **PAN** Reg State **MA**
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **HONDA** Veh Config. **1**
 Operator _____ Owner **BORELLI, PAMELA JEAN**
 Address _____ Address **44 WOODLAND RD**
 City _____ State **MA** Zip **01501-2147**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Damaged Area Code: **1 27 27 27**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Test Status: **1 28**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **19 25 20 25** Type of Test: **29**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99 26** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Viol. 4: Ch/Sec/Sub _____

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	XXXX	1	99	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

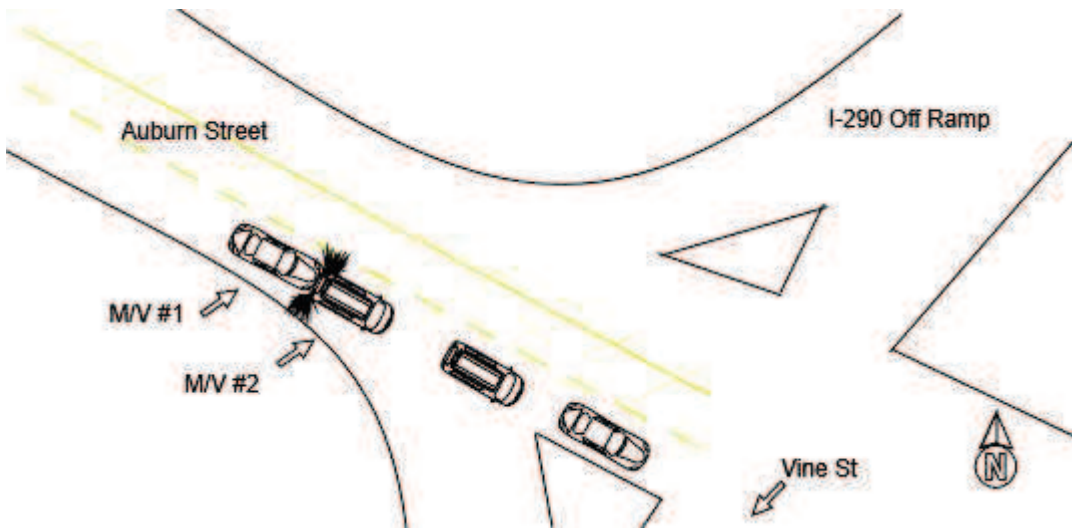
License # **S40961442** St **MA** DOB/Age **09/09/1992** Reg # **4AAJ30** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2019** Veh Make **CHEVROLET** Veh Config. **1**
 Operator **BREAULT, BROOKE MORGAN** Owner **BREAULT, BROOKE MORGAN**
 Address **26 KEEN ST APT 0** Address **26 KEEN ST APT 0**
 City **WORCESTER** State **MA** Zip **01603-1323** City **WORCESTER** State **MA** Zip **01603-1323**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **2**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Damaged Area Code: **5 27 27 27**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Test Status: **1 28**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** Type of Test: **29**
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 Viol. 4: Ch/Sec/Sub _____

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	XXXXXX	XXXX	1	99	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ☺ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ☺



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

↑ Arrow



Crash Narrative:

M/V #2 was stopped in traffic for a red light when she was struck from behind by M/V #1.

Operator of #1 gave no explanation as to why he didn't stop in time.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrolman Daniel P Dyson 73DD Auburn Police Department 01/15/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date