

Date of Crash **01/26/2024** Time of Crash **1428** 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:**

1 **1** **2** **11**

SOUTHBRIDGE ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
SWANSON RD
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 _____

3 **2** **12**

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **24-32-AC**

4 **3** **1** **13**

License # **S44416354** St **MA** DOB/Age **06/26/1942** Reg # **2JME14** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2022** Veh Make **TOYOTA** Veh Config. **1 21**
Operator **MILES, WALTER JAMES II** Owner **MILES, WALTER JAMES II**
Address **5B VIRGINIA DR APT B** Address **5B VIRGINIA DR APT B**
City **ROCHDALE** State **MA** Zip **01542-1238** City **ROCHDALE** State **MA** Zip **01542-1238**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **4 27 27 27**
Vehicle Travel Direction: **N S E X** 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 _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	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	1	4	0	0	10	1	

7 **1** **14**

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

8 **1** **14**

License # **S76566797** St **MA** DOB/Age **05/15/1963** Reg # **TA18691** Reg Type **TAN** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1 21**
Operator **LEMAY, EDWARD FRANCIS JR** Owner **GILL TRANSPORT INC**
Address **3A BLEEKER ST** Address **90 N QUINSIGAMOND AVE**
City **WORCESTER** State **MA** Zip **01604-3720** City **SHREWSBURY** State **MA** Zip **01545-5148**
Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 27 27**
Vehicle Travel Direction: **N S E X** 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**
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Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

