

Date of Crash **03/12/2024** Time of Crash **1709** 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:
 Latitude _____ Longitude _____

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# **809** 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 Crash Report ID# **24-88-AC**

License # **S79230357** St **MA** DOB/Age **04/08/1969** Reg # **3HVJ97** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2007** Veh Make **HONDA** Veh Config. **1 21**
 Operator **SWEENEY, JAMES ROBERT JR** Owner **HASKELL, RICHARD P**
 Address **424 MADISON PL** Address **2 ALLEN RD**
 City **SHREWSBURY** State **MA** Zip **01545-4283** City **MILFORD** State **MA** Zip **01757-1802**
 Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **2 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: **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. 2: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ 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	XXXXXX	XXXX	1	1	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 # **SA2580192** St **MA** DOB/Age **12/13/2003** Reg # **3XES91** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2010** Veh Make **TOYOTA** Veh Config. **1 21**
 Operator **BOWMAN, MAKAYLA LYNN** Owner **BOWMAN, MAKAYLA LYNN**
 Address **13 SHREWSBURY ST** Address **13 SHREWSBURY ST**
 City **NORTH GRAFTON** State **MA** Zip **01536-1525** City **NORTH GRAFTON** State **MA** Zip **01536-1525**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **1** 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. 2: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33**

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	1	4	0	0	10	1	

