

Date of Crash **01/06/2024** Time of Crash **1309** 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:

AUBURN ST
Route# Direction Name of Roadway/Street
At
SOUTHBRIDGE ST
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle **14** #Occupants Hit/Run Moped Crash Report ID# **24-9-AC**

License # **S62459371** St **MA** DOB/Age **03/14/1979** Reg # **7VK772** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement
Operator **KELL, LOUELLEN MARIE** Owner **KELL, LOUELLEN MARIE**
Address **5 STANLEY RD** Address **5 STANLEY RD**
City **SHREWSBURY** State **MA** Zip **01545-3748** City **SHREWSBURY** State **MA** Zip **01545-3748**
Insurance Company **USAA CASUALTY INSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **8**
Vehicle Travel Direction: **N E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**
Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **99**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** BAC Test Result: **1**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**

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				1	1	4	0	0	10	1	
SCOTT DOMENECH	52 COUNTRY CLUB BLVD WORCESTER, MA 01605-1571	10/13/1995	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

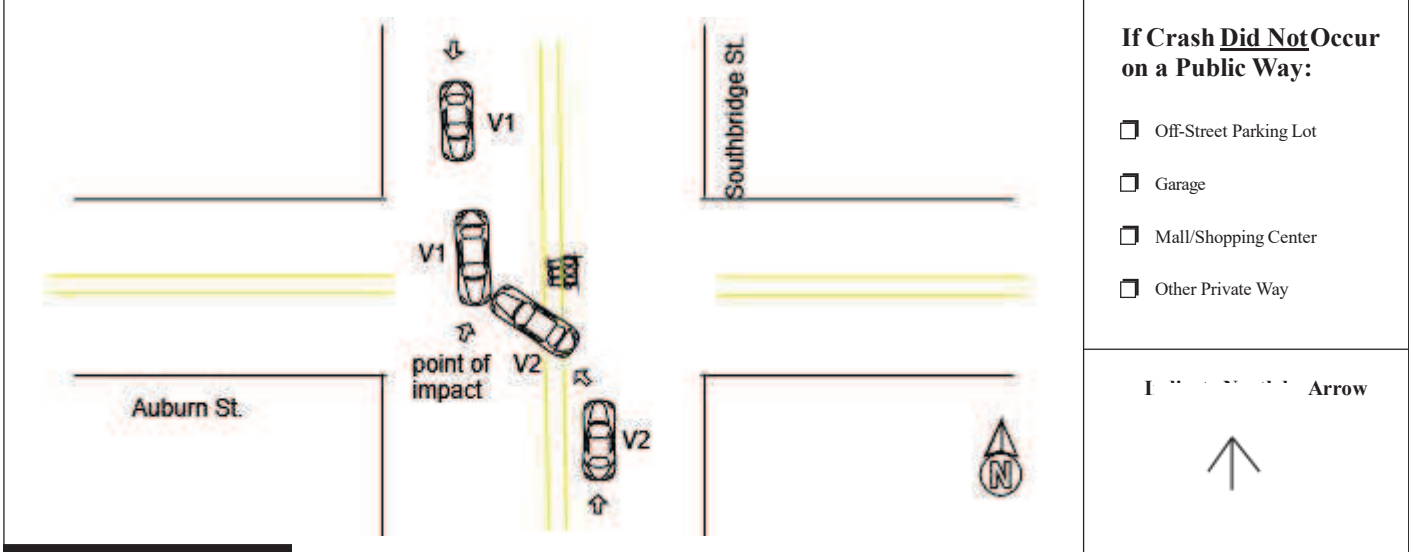
License # **S41924157** St **MA** DOB/Age **01/04/1981** Reg # **2HCT15** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement
Operator **FONTAINE-DENEAULT, KATHLEEN** Owner **FONTAINE-DENEAULT, KATHLEEN**
Address **4 THOMAS AVE** Address **4 THOMAS AVE**
City **AUBURN** State **MA** Zip **01501** City **AUBURN** State **MA** Zip **01501**
Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **4** Damaged Area Code: **1**
Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**
Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **99**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **18** BAC Test Result: **1**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99** Susp. Alcohol: **2** Susp. Drug: **2**

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				1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ⚙



Crash Narrative:

Vehicle 1 was traveling southbound on Southbridge St. (public way) and crashed into Vehicle 2 which was traveling northbound and turning left onto Auburn St. (public way). Vehicle 1 had a green light while Vehicle 2 had a blinking yellow light. No injuries to report. Vehicle 1 was towed by AAA while Vehicle 2 was towed by Direnzo Towing.

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 Derek P Courchaine 75DC Auburn Police Department 01/06/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date