

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **03/24/2024** Time of Crash **0904** City/Town **Auburn**

Motor Vehicle Crash Police Report

Number Vehicles **3** Number Injured **0** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

| | | | |
|---|--|--|--|
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | | Route# 676 Direction _____ Address # SOUTHBRIDGE ST Name of Roadway/Street _____ | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____ | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of SOUTHBRIDGE ST Route# _____ Intersecting Roadway/Street _____ | |
| | | Landmark _____ | |

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 24-94-AC**

License # **S62388671** St **MA** DOB/Age **07/13/2000** Reg # **33N630** Reg Type **PC** Reg State **MA**
 Sex **U** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2015** Veh Make **SUBARU** Veh Config. **1** **21**
 Operator **FLAHERTY, ALINA ROSE** Owner **FLAHERTY, ALINA ROSE**
 Address **34 QUABOAG ST APT 8** Address **34 QUABOAG ST APT 8**
 City **BROOKFIELD** State **MA** Zip **01506-1852** City **BROOKFIELD** State **MA** Zip **01506-1852**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **27** **27**
 Vehicle Travel Direction: N 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 _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 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 | |
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Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S72289065** St **MA** DOB/Age **05/19/1980** Reg # **3688NA** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2014** Veh Make **NISSAN** Veh Config. **1** **21**
 Operator **LUCIER, MATTHEW PAUL** Owner **LUCIER, MATTHEW PAUL**
 Address **25 PIONEER LN** Address **25 PIONEER LN**
 City **AUBURN** State **MA** Zip **01501-1848** City **AUBURN** State **MA** Zip **01501-1848**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **27** **27**
 Vehicle Travel Direction: N 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 _____ Driver Contributing Code **1** **25** **99** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 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 | |
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|------------------------------------|--------------------------------------|----------------------------|--|--------------------------------|-------------------------------|--|---------------------------------------|--|
| Date of Crash 03/24/2024 | Time of Crash 0904 24HR | City/Town Auburn | Motor Vehicle Crash Police Report | Number Vehicles 3 | Number Injured 0 | Speed Limit 35 | State Police <input type="checkbox"/> | |
| | | | | Latitude _____ | Longitude _____ | Local Police <input checked="" type="checkbox"/> | MBTA Police <input type="checkbox"/> | Campus Police <input type="checkbox"/> |

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

| | | | |
|---|--|---|--|
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | | Route# 676 Direction _____ Address # SOUTHBRIDGE ST Name of Roadway/Street _____ | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of SOUTHBRIDGE ST Route# _____ Intersecting Roadway/Street _____ | |
| | | Landmark _____ | |

Please Select One of the Following: Vehicle **3** #Occupants Hit/Run Moped **Crash Report ID# 24-94-AC**

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|---|--|
| License # S71822617 St MA DOB/Age 06/05/1956 | Reg # 579AY5 Reg Type PC Reg State MA |
| Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____ | Veh Year 2013 Veh Make TOYOTA Veh Config. 1 21 |
| Operator TAYLOR, SUSAN E Last First Middle | Owner TAYLOR, SUSAN E Last First Middle |
| Address 13 ELBRIDGE RD | Address 13 ELBRIDGE RD |
| City AUBURN State MA Zip 01501-1849 | City AUBURN State MA Zip 01501-1849 |
| Insurance Company THE COMMERCE INSURANCE CO | Vehicle Action Prior to Crash 4 22 Damaged Area Code: 3 27 27 27 |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 | Event Sequence 1 23 1 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 4 25 10 25 BAC Test Result: 30 |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 32 |
| | 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 | |
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Please Select One of the Following: Vehicle **4** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

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|--|--|
| License # _____ St _____ DOB/Age _____ | Reg # _____ Reg Type _____ Reg State _____ |
| Sex _____ Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____ | Veh Year _____ Veh Make _____ Veh Config. 21 |
| Operator _____ Last First Middle | Owner _____ Last First Middle |
| Address _____ | Address _____ |
| City _____ State _____ Zip _____ | City _____ State _____ Zip _____ |
| Insurance Company _____ | Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ | Event Sequence 23 23 23 23 Test Status: 28 |
| Citation # (If Issued) _____ | Most Harmful Event 24 Type of Test: 29 |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | Driver Contributing Code 25 25 BAC Test Result: 30 |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32 |
| | Towed from scene? 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 | | | | | | | |
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