

Date of Crash 04/11/2025	Time of Crash 1221 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 30	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:

AUBURN ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ BROTHERTON WAY 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 _____	
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **25-128-AC**

License # S84462807 St MA DOB/Age 08/23/1986	Reg # 421DA2 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21
Operator JOYA, BESSYE A Last First Middle	Owner JOYA, BESSYE A Last First Middle
Address 42 WILLIAM ST	Address 42 WILLIAM ST
City WORCESTER State MA Zip 01609-2330	City WORCESTER State MA Zip 01609-2330
Insurance Company FARM FAMILY CASUALTY INSU	Vehicle Action Prior to Crash 3 22 Damaged Area Code: 8 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 _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 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	X	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # S35628408 St MA DOB/Age 10/11/1956	Reg # 551SE3 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2009 Veh Make HONDA Veh Config. 1 21
Operator SONNTAG, LUISA Last First Middle	Owner SONNTAG, LUISA Last First Middle
Address 420 PAKACHOAG ST	Address 420 PAKACHOAG ST
City AUBURN State MA Zip 01501-2408	City AUBURN State MA Zip 01501-2408
Insurance Company GEICO GENERAL INSURANCE C	Vehicle Action Prior to Crash 4 22 Damaged Area Code: 3 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 _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 99 25 4 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 26 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/Occupants	See Above	XXXXXX	X	1	99	99	0	0	99	99	

