

Date of Crash 09/17/2024	Time of Crash 1346 24HR	City/Town Auburn	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ 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 _____ Also at Intersection with _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____
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 _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **24-317-AC**

License # <b>S32618431</b> St <b>MA</b> DOB/Age <b>03/26/1953</b>	Reg # <b>9TJ421</b> Reg Type <b>PAN</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>99</b> CDL _____	Veh Year <b>2015</b> Veh Make <b>CHEVROLET</b> Veh Config. <b>1</b>
Operator <b>ARCHAMBAULT, DIANE M</b>	Owner <b>ARCHAMBAULT, DIANE M</b>
Address <b>28 BAILEY RD</b>	Address <b>28 BAILEY RD</b>
City <b>OXFORD</b> State <b>MA</b> Zip <b>01540-1202</b>	City <b>OXFORD</b> State <b>MA</b> Zip <b>01540-1202</b>
Insurance Company <b>FOREMOST INSURANCE COMPAN</b>	Vehicle Action Prior to Crash <b>10</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Damaged Area Code: <b>6</b>
Citation # (If Issued) _____	Event Sequence <b>2</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <b>2</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>97</b>
	Driver Distracted by <b>0</b>

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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	<del>XXXXXXXXXX</del>

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

License # <b>S96002341</b> St <b>MA</b> DOB/Age <b>01/30/1980</b>	Reg # <b>1YW342</b> Reg Type <b>PAN</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>99</b> CDL _____	Veh Year <b>2014</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b>
Operator <b>RAMOS, BETZAIDA</b>	Owner <b>RAMOS, BETZAIDA</b>
Address <b>112 HAMPTON ST</b>	Address <b>112 HAMPTON ST</b>
City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-2652</b>	City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-2652</b>
Insurance Company <b>GOVERNMENT EMPLOYEES INSU</b>	Vehicle Action Prior to Crash <b>11</b>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Damaged Area Code: <b>2</b>
Citation # (If Issued) _____	Event Sequence <b>1</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <b>1</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b>
	Driver Distracted by <b>0</b>

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
<b>Operator/Occupants</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

