

Date of Crash **05/10/2024** Time of Crash **1929** 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:

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# **14** Direction _____ Address # _____ Name of Roadway/Street **PINEHURST AVE**

_____ 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 Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-136-AC**

License # **S71365942** St **MA** DOB/Age **04/15/1958** Reg # **RS168M** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL _____ Veh Year **2016** Veh Make **HONDA** Veh Config. **1** **21**

Operator **TOSCANO, FRANCES** Owner **TOSCANO, FRANCES**

Address **14 PINEHURST AVE** Address **14 PINEHURST AVE**

City **AUBURN** State **MA** Zip **01501-0000** City **AUBURN** State **MA** Zip **01501-0000**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **5** **27** **27** **27**

Vehicle Travel Direction: **S 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 _____ 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 **99** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **1** **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	XX	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 # **048267735** St **CT** DOB/Age **04/30/1973** Reg # **AZ90763** Reg Type **PC** Reg State **CT**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions _____ CDL _____ Veh Year **2002** Veh Make **TOYOTA** Veh Config. **1** **21**

Operator **WILLIS, YVONNE ASIAW** Owner **WILLIS, YVONNE ASIAW**

Address **130 VERNON AVE APT 3E** Address **130 VERNON AVE APT 3E**

City **VERNON** State **CT** Zip **06066-3664** City **VERNON** State **CT** Zip **06066-3664**

Insurance Company **SAFECO INSURANCE** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**

Vehicle Travel Direction: **S 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**

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Operator/Occupants	See Above	XXXXXX	XX	1	1	1	0	0	10	1	

