

Date of Crash **05/11/2024** Time of Crash **1812** 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:

1 **1** **2** **11** **8**

WATERMAN RD
Route# Direction Name of Roadway/Street
At
BRYN MAWR AVE
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

3 Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped **Crash Report ID# 24-138-AC**

1 **12** **1** **21** **1** **13**

License # **S64053474** St **MA** DOB/Age **05/18/1995** Reg # **1XCE92** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL Endorsement
Operator **TRELLA, TYLER J** Owner **TRELLA, TYLER J**
Address **6 CRESCENT ST** Address **6 CRESCENT ST**
City **WHITINSVILLE** State **MA** Zip **01588-1843** City **WHITINSVILLE** State **MA** Zip **01588-1843**
Insurance Company **LIBERTY MUTUAL PERSONAL I** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **6 27 27 27**
Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) **T3157184** Most Harmful Event **1 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub **90 9** Viol. 2: Ch/Sec/Sub Driver Contributing Code **1 25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	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	

7 **3** Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

8 **1** **14** **1** **14**

License # **S44685201** St **MA** DOB/Age **01/23/1982** Reg # **6RL341** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL Endorsement
Operator **GALLIVAN, PATRICK C** Owner **GALLIVAN, PATRICK C**
Address **17 HOMESTEAD AVE** Address **17 HOMESTEAD AVE**
City **AUBURN** State **MA** Zip **01501-2038** City **AUBURN** State **MA** Zip **01501-2038**
Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **3 22** Damaged Area Code: **8 27 27 27**
Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **3 28**
Citation # (If Issued) **634916AC** Most Harmful Event **1 24** Type of Test: **97 29**
Viol. 1: Ch/Sec/Sub **90 24J** Viol. 2: Ch/Sec/Sub **90 24E** Driver Contributing Code **10 25 14 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub **89 4A** Driver Distracted by **99 26 26** Susp. Alcohol: **1 31** Susp. Drug: **2 32**
Towed from scene? **1 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	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	XXXX	1	1	4	0	0	10	1	

