

Date of Crash 06/05/2024 Time of Crash 0302 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 1 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other: [] [] [] [] []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Location details including Route#, Direction, Name of Roadway/Street, At, and Intersecting Roadway/Street.

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped Crash Report ID# 24-167-AC

Operator and Owner information: License #, Sex, Lic. Class, Operator Name (JEAN-MARIE, JEFFREY ROBILLARD), Address, City, State, Zip, Insurance Company, Vehicle Action Prior to Crash, Event Sequence, Most Harmful Event, Driver Contributing Code, Driver Distracted by, Damaged Area Code, Test Status, Type of Test, BAC Test Result, Susp. Alcohol, Susp. Drug, Towed from scene?

Table for operator and occupants involved, including Name, Address, DOB/Age, Sex, and various safety codes (34-40).

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

Operator and Owner information for second vehicle: License #, Sex, Lic. Class, Operator Name (Driverless M.V.), Address, City, State, Zip, Insurance Company, Vehicle Action Prior to Crash, Event Sequence, Most Harmful Event, Driver Contributing Code, Driver Distracted by, Damaged Area Code, Test Status, Type of Test, BAC Test Result, Susp. Alcohol, Susp. Drug, Towed from scene?

Table for operator and occupants involved for second vehicle, including Name, Address, DOB/Age, Sex, and various safety codes (34-40).

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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# Direction Address # Name of Roadway/Street Route# Direction Name of Intersecting Roadway/Street Landmark

Please Select One of the Following: [x] Vehicle 30 #Occupants [] Hit/Run [] Moped Crash Report ID# 24-167-AC

License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Driverless M.V. Address City State Zip Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 7RY937 Reg Type PAN Reg State MA Veh Year 2014 Veh Make HONDA Veh Config. 1 Owner PIERZGA, TAHNI MARIELE Address 15 MARILYN DR City AUBURN State MA Zip 01501-3411 Vehicle Action Prior to Crash 11 22 Damaged Area Code: 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Type of Test: 29 Most Harmful Event 1 24 BAC Test Result: 30 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 26 26 Towed from scene? 33

Table with columns: 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. Row 1: Operator, See Above, [X], [X], 1, [], [], [], [], [], [], []

Please Select One of the Following: [] Vehicle 4 #Occupants [] Hit/Run [] Moped [] Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Type of Test: 29 Most Harmful Event 24 BAC Test Result: 30 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 26 26 Towed from scene? 33

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