

Date of Crash **06/06/2024** Time of Crash **1605** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

PINEHURST AVE
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
OXFORD STREET NO
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-176-AC**

License # **S64822375** St **MA** DOB/Age **10/07/1996** Reg # **4BPP25** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2016** Veh Make **DODGE** Veh Config. **1**
Operator **GOLDEN, TYLER MATTHEW** Owner **GOLDEN, TYLER MATTHEW**
Address **65 MAY ST APT 2L** Address **65 MAY ST APT 2L**
City **WORCESTER** State **MA** Zip **01610-1361** City **WORCESTER** State **MA** Zip **01610-1361**
Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **1**
Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** Test Status: **1**
Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **1**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** Susp. Alcohol: **2** Susp. Drug: **2**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** Towed from scene? **1**

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	X	X	1	1	3	0	0	10	1

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

License # **SA6560932** St **MA** DOB/Age **04/24/2005** Reg # **2HMS43** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2009** Veh Make **LEXUS** Veh Config. **1**
Operator **FISH, TYLER JAMES** Owner **BRACCIA, ROBERT FRANCIS SR**
Address **7 GATES CT** Address **47 ENGLISH CMNS**
City **AUBURN** State **MA** Zip **01501-3408** City **TOPSFIELD** State **MA** Zip **01983-2235**
Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **4** Damaged Area Code: **8**
Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1** Test Status: **1**
Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **1**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **19** Susp. Alcohol: **2** Susp. Drug: **2**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99** Towed from scene? **1**

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	X	X	1	1	1	0	0	10	1

