

Date of Crash 06/10/2024	Time of Crash 1623 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

AUBURN ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ ROCKLAND RD 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 _____	
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **24-180-AC**

License # S42270601 St MA DOB/Age 07/01/1967 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Operator MCKINSTRY, CORY GEORGE Address 44 GALE RD City CHARLTON State MA Zip 01507-1412 Insurance Company THE PHOENIX INSURANCE COM Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # T95324 Reg Type CON Reg State MA Veh Year 2018 Veh Make FORD Veh Config. 2 Owner C A SENECALE ELECTRICAL SERVICES INC Address 120 MAYFIELD ST City WORCESTER State MA Zip 01602-3453 Vehicle Action Prior to Crash 1 ²² Event Sequence 1 ^{23 23 23 23} Most Harmful Event 1 ²⁴ Driver Contributing Code 1 ^{25 25} Driver Distracted by 0 ^{26 26}	Damaged Area Code: 7 ^{27 27 27} Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 ³³
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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	XXXX	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 # S82797057 St MA DOB/Age 05/02/1951 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Operator BARRETT, MARIA T Address 5 THAYER POND DR APT 8 City NORTH OXFORD State MA Zip 01537-1136 Insurance Company THE STANDARD FIRE INSURAN Vehicle Travel Direction: N X E W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 935XF6 Reg Type PAN Reg State MA Veh Year 2020 Veh Make FORD Veh Config. 1 Owner BARRETT, MARIA T Address 5 THAYER POND DR APT 8 City NORTH OXFORD State MA Zip 01537-1136 Vehicle Action Prior to Crash 6 ²² Event Sequence 1 ^{23 23 23 23} Most Harmful Event 1 ²⁴ Driver Contributing Code 4 ^{25 19 25} Driver Distracted by 99 ^{26 26}	Damaged Area Code: 2 ^{27 27 27} Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 ³³
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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	XXXX	XX	1	1	4	0	0	10	1	

