

Date of Crash **06/10/2024** Time of Crash **1654** 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**

**1** **1** **3**

Route# Direction **SWANSON RD** Name of Roadway/Street  
 At  
 Route# Direction **VINE ST** 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 **1** #Occupants  Hit/Run  Moped **24-181-AC** Crash Report ID#

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

**3** License # **S50405598** St **MA** DOB/Age **04/08/1995** Reg # **2VFC35** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL Endorsement  
 Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1 21**  
 Operator **LAM, PETER H** Owner **LAM, PETER H**  
 Address **44 BURNCOAT ST** Address **44 BURNCOAT ST**  
 City **WORCESTER** State **MA** Zip **01605-1822** City **WORCESTER** State **MA** Zip **01605-1822**  
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **4 27 27 27**  
 Vehicle Travel Direction:  **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99 25 25** BAC Test Result: **1 30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **1 33**

**6** **1**

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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**7** **2** Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

**8** **1** **2** **14**

**1** **2** **2** **14**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **2ZGG85** Reg Type **PC** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class **D 19 19** Lic. Restrictions **20** CDL Endorsement  
 Veh Year **2004** Veh Make **BMW** Veh Config. **1 21**  
 Operator \_\_\_\_\_ Owner **OJATABU, JUDE CHIKE**  
 Address \_\_\_\_\_ Address **132 ENDICOTT ST APT 3**  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **WORCESTER** State **MA** Zip **01610-1945**  
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**  
 Vehicle Travel Direction:  **N**  **E**  **W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **2 25 25** BAC Test Result: **1 30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2 33**

**9** **2**

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
<b>Operator/Occupants</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

