

Date of Crash **06/12/2024** Time of Crash **1132** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **10** State Police Local Police MBTA Police Campus Police Other:

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# **376** Direction _____ Address # **SOUTHBRIDGE ST** 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 _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-185-AC**

License # **S26591934** St **MA** DOB/Age **11/21/1983** Reg # **1TNK11** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2016** Veh Make **GMC** Veh Config. **2 21**

Operator **MORRISON, SEAN M** Owner **MORRISON, SEAN M**

Address **8 THAYER ST** Address **8 THAYER ST**

City **WORCESTER** State **MA** Zip **01603-2531** City **WORCESTER** State **MA** Zip **01603-2531**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 27 27**

Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**

Citation # (If Issued) **NONE** Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **2 33**

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	99	4	0	0	10	1	DECLINED MEDICAL TREATMENT

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

License # **S26436020** St **MA** DOB/Age **08/05/1970** Reg # **3ASV62** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2015** Veh Make **FORD** Veh Config. **2 21**

Operator **WILDMAN, GREGG T** Owner **AUBURN TOWN OF PD**

Address **416 OXFORD STREET NO** Address **416 OXFORD ST N**

City **AUBURN** State **MA** Zip **01501** City **AUBURN** State **MA** Zip **01501**

Insurance Company **HUB INTERNATIONAL** Vehicle Action Prior to Crash **3 22** Damaged Area Code: **0 27 27 27**

Vehicle Travel Direction: **N** **E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**

Citation # (If Issued) **NONE** Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**

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Operator/Occupants	See Above	XXXX	XX	1	1	4	0	0	10	1	DECLINED MEDICAL TREATMENT

