

Date of Crash **06/14/2024** Time of Crash **1511** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** 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# **541** 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# **24-192-AC**

License # **S16780554** St **MA** DOB/Age **04/29/1976** Reg # **6DF181** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2013** Veh Make **TOYOTA** Veh Config. **1 21**
 Operator **CLASS, JENYZA** Owner **CLASS, JENYZA**
 Address **48 CHASE AVE APT 2** Address **48 CHASE AVE APT 2**
 City **DUDLEY** State **MA** Zip **01571-3497** City **DUDLEY** State **MA** Zip **01571-3497**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **10 27 5 27 27**
 Vehicle Travel Direction: **N X 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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **1 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 | X | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 |
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Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # **S30520541** St **MA** DOB/Age **08/24/1975** Reg # **1MVB94** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2017** Veh Make **RAM** Veh Config. **2 21**
 Operator **COUTURE, ROGER RAYMOND JR** Owner **COUTURE, ROGER RAYMOND JR**
 Address **347 BARDWELL ST** Address **347 BARDWELL ST**
 City **BELCHERTOWN** State **MA** Zip **01007-9820** City **BELCHERTOWN** State **MA** Zip **01007-9820**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 8 27 27**
 Vehicle Travel Direction: **N X 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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 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/Occupants | | See Above | X | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 |
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