

Date of Crash **06/14/2024** Time of Crash **1805** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **2** Speed Limit **50** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

20 W WASHINGTON ST
Route# Direction Name of Roadway/Street
At
OLD COMMON RD
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# **24-193-AC**

License # **S41368832** St **MA** DOB/Age **02/13/1963** Reg # **2LNB72** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D 19 19 M** Lic. Restrictions **B 20** CDL Endorsement
Operator **DOWDEN, TIMOTHY M** Owner **DOWDEN, TIMOTHY M**
Address **45 SHATTUCK ST APT 3** Address **45 SHATTUCK ST APT 3**
City **WORCESTER** State **MA** Zip **01604-0000** City **WORCESTER** State **MA** Zip **01604-0000**
Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **11 27 27 27**
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) **711607AC** Most Harmful Event **1 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub **89 4A** Viol. 2: Ch/Sec/Sub **89 8** Driver Contributing Code **4 25 9 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 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	99	1	0	2	■	■

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

License # **S30632515** St **MA** DOB/Age **09/30/1950** Reg # **389KM9** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL Endorsement
Operator **WILLIAMSON-CARD, SALLY ANN** Owner **WILLIAMSON-CARD, SALLY ANN**
Address **232 DRESSER HILL RD** Address **232 DRESSER HILL RD**
City **CHARLTON** State **MA** Zip **01507-5135** City **CHARLTON** State **MA** Zip **01507-5135**
Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **11 27 27 27**
Vehicle Travel Direction: **N S E X** 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: **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**
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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	X	X	1	1	3	0	0	■	■

