

Date of Crash 06/16/2024	Time of Crash 1356 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	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:

Route# _____ Direction _____ Name of Roadway/Street _____		Route# <u>33</u> Direction _____ Address # <u>BERLIN ST</u> Name of Roadway/Street _____	
At _____		Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Mile Marker _____ Exit Number _____	
Also at Intersection with _____		Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Route# _____ Intersecting Roadway/Street _____	
		Landmark _____	

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Vulnerable User

Crash Report ID# **24-197-AC**

License # <u>S01045656</u> St <u>MA</u> DOB/Age <u>09/29/1952</u>	Reg # <u>5961JE</u> Reg Type <u>PAN</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2017</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>QUERY, ALFRED E JR</u> Last First Middle	Owner <u>QUERY, ALFRED E JR</u> Last First Middle
Address <u>145 WALLACE AVE</u>	Address <u>145 WALLACE AVE</u>
City <u>AUBURN</u> State <u>MA</u> Zip <u>01501-1129</u>	City <u>AUBURN</u> State <u>MA</u> Zip <u>01501-1129</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>2</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Contributing Code <u>20</u> <u>25</u> <u>9</u> <u>25</u> Towed from scene? <u>1</u> <u>33</u>
	Driver Distracted by <u>5</u> <u>26</u> <u>26</u>

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	XXXXXX	XXXX	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # _____ St _____ DOB/Age _____	Reg # <u>7RF155</u> Reg Type <u>PAN</u> Reg State <u>MA</u>
Sex _____ Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2024</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>Driverless M.V.</u> Last First Middle	Owner <u>CONNOR, WILLIAM PAUL</u> Last First Middle
Address _____	Address <u>17 KNOWLES ST</u>
City _____ State _____ Zip _____	City <u>AUBURN</u> State <u>MA</u> Zip <u>01501-2848</u>
Insurance Company <u>THE STANDARD FIRE INSURAN</u>	Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Towed from scene? <u>2</u> <u>33</u>
	Driver Distracted by <u>0</u> <u>26</u> <u>26</u>

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	XXXXXX	XXXX	<u>1</u>							

