

Date of Crash **06/19/2024** Time of Crash **1507** 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 Route# _____ Direction _____ Name of Roadway/Street _____ At _____

2 Route# _____ Direction _____ Name of Roadway/Street _____

3 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____

2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Feet **N S E W** of _____ of _____ or _____ Mile Marker _____ Exit Number _____

Feet **N S E W** of _____ of _____ Route# _____ Intersecting Roadway/Street _____

Feet **N S E W** of _____ of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-202-AC**

License # **S76831362** St **MA** DOB/Age **09/24/1947** Reg # **VICEYE** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2020** Veh Make **JEEP** Veh Config. **1 21**

Operator **MCLAUGHLIN, DAVID M** Owner **MCLAUGHLIN, DAVID M**

Address **760 OXFORD STREET SO** Address **760 OXFORD STREET SO**

City **AUBURN** State **MA** Zip **01501-1814** City **AUBURN** State **MA** Zip **01501-1814**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **3 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 _____ 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? **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	X	X	1	1	4	0	0	10	1	

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

License # **SA9730622** St **MA** DOB/Age **05/02/1981** Reg # **4XJF99** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Endorsement _____ Veh Year **2017** Veh Make **TOYOTA** Veh Config. **1 21**

Operator **JOSE, JIJO** Owner **JOSEPH, PINKY**

Address **48 SHREWSBURY GREEN DR APT J** Address **48J SHREWSBURY GREEN DR**

City **SHREWSBURY** State **MA** Zip **01545-3626** City **SHREWSBURY** State **MA** Zip **01545-3626**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **6 22** Damaged Area Code: **1 27 8 27 27**

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

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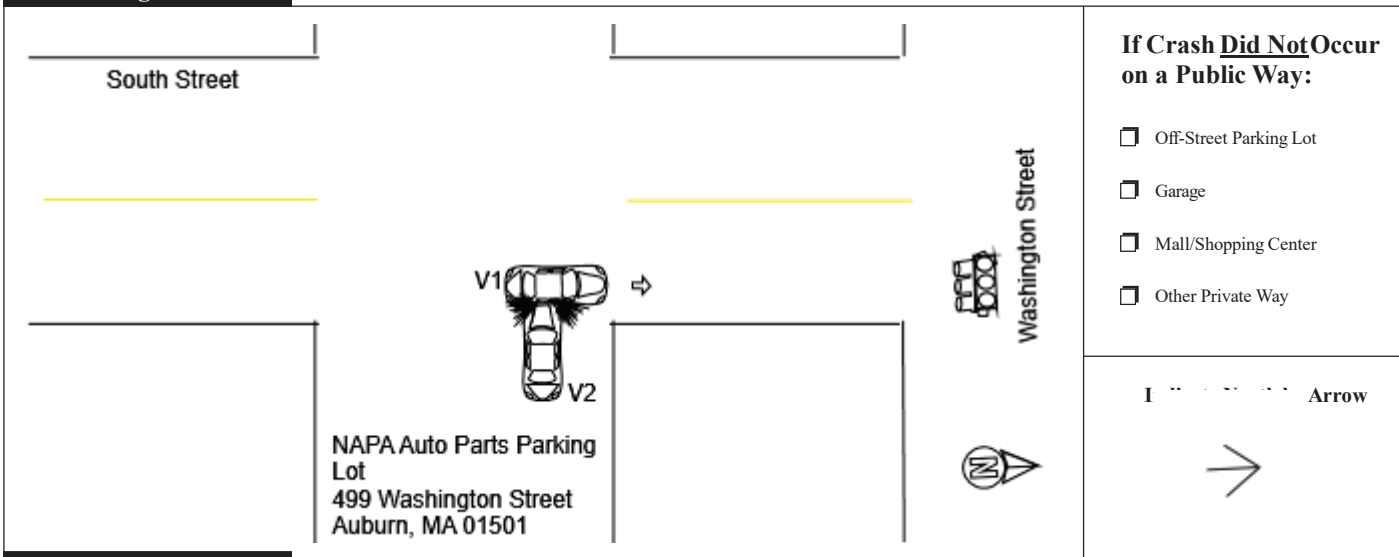
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Operator/Occupants		See Above	X	X	1	1	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

V1 was traveling north on South Street and was approaching the intersection of South Street and Washington Street. V2 was exiting the parking lot of NAPA Auto Parts when it crash into the side of V1.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42
Address _____ City _____ St _____ Zip _____
US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrolman David Ljunggren 82DL Auburn Police Department 06/19/2024
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date