

Date of Crash 06/19/2024 Time of Crash 2006 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0

Speed Limit 35 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 Address # Name of Roadway/Street OXFORD STREET NO Feet N S E W of Mile Marker Exit Number IN FRONT OF HOUSE 465 Landmark

Please Select One of the Following: [X] Vehicle 1 #Occupants [ ] Hit/Run [ ] Moped Crash Report ID# 24-203-AC

License # S30606724 St MA DOB/Age 07/25/1991 Reg # 295ZP4 Reg Type PAN Reg State MA Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator ABRUZZISE, DEREK Owner ABRUZZISE, DEREK Address 0 ASHCROFT ST City AUBURN State MA Zip 01501-1113

Insurance Company PROGRESSIVE CASUALTY INSU Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27 Vehicle Travel Direction: [X] S E W Responding to Emergency? 2 Event Sequence 5 23 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 26 Towed from scene? 2 33

Table with columns: Name (Last First Middle), Address, 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. Row 1: 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 # St DOB/Age Reg # Reg Type Reg State Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Owner Address City State Zip

Insurance Company Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 26 26 Towed from scene? 33

Table with columns: Name (Last First Middle), Address, 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. Row 1: Operator/Occupants, See Above, [X], [X], 1

