

Date of Crash **06/20/2024** Time of Crash **1033** 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:

WEST ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
SOUTHBRIDGE ST
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Address # _____ 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 **Crash Report ID# 24-204-AC**

License # **S25633817** St **MA** DOB/Age **04/27/1964** Reg # **W17108** Reg Type **CO** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2022** Veh Make **KENWORTH** Veh Config. **6 21**
Operator **BUTT, JAMES H** Owner **ALS RUBBISH AND CONTAINER SERVICE INC**
Address **100 WORCESTER RD** Address **77 PROVIDENCE RD**
City **WEBSTER** State **MA** Zip **01570-2106** City **SUTTON** State **MA** Zip **01590-3856**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4 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: **28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **30**
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99 26 26** Susp. Alcohol: **31** Susp. Drug: **32**
Viol. 3: Ch/Sec/Sub _____ 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 | 99 | 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 # **S10827394** St **MA** DOB/Age **07/27/1945** Reg # **332XL4** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2021** Veh Make **HONDA** Veh Config. **1 21**
Operator **WILLIAMS, MARY C** Owner **WILLIAMS, MARY C**
Address **51 POLLARD RD** Address **51 POLLARD RD**
City **NORTHBRIDGE** State **MA** Zip **01534-1016** City **NORTHBRIDGE** State **MA** Zip **01534-1016**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 27 27**
Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
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|---|--|-----------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|--|
| Operator/Occupants | | See Above | X | X | 1 | 99 | 4 | 0 | 0 | 10 | 1 | |
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