

Date of Crash **06/20/2024** Time of Crash **1601** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

| | |
|---|---|
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | Route# 499 Direction _____ Address # WASHINGTON ST Name of Roadway/Street _____ |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | _____ Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____ |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | _____ 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 Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-205-AC**

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|--|--|
| License # S76720182 St MA DOB/Age 02/16/1999 Reg # 9WD997 Reg Type PC Reg State MA | Veh Year 2022 Veh Make JEEP Veh Config. 1 |
| Sex F Lic. Class D Lic. Restrictions B CDL _____ | Owner GOSSELIN, REAGAN |
| Operator GOSSELIN, REAGAN | Address 65 WORCESTER RD |
| Address 65 WORCESTER RD | City CHARLTON State MA Zip 01507-0000 |
| City CHARLTON State MA Zip 01507-0000 | Insurance Company PROGRESSIVE DIRECT INSURA |
| Insurance Company PROGRESSIVE DIRECT INSURA | Vehicle Action Prior to Crash 5 |
| Vehicle Travel Direction: N S E Responding to Emergency? 2 | Damaged Area Code: 3 |
| Citation # (If Issued) _____ | Event Sequence 1 |
| Viol. 1: Ch/Sec/Sub _____ | Most Harmful Event 1 |
| Viol. 2: Ch/Sec/Sub _____ | Driver Contributing Code 99 |
| Viol. 3: Ch/Sec/Sub _____ | Driver Distracted by 99 |
| | Test Status: 28 |
| | Type of Test: 29 |
| | BAC Test Result: 30 |
| | Susp. Alcohol: 2 Susp. Drug: 2 |
| | Towed from scene? 2 |

| 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 | 1 | 1 | 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.

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|--|--|
| License # S22978550 St MA DOB/Age 09/28/2000 Reg # 5DXC21 Reg Type PC Reg State MA | Veh Year 2001 Veh Make TOYOTA Veh Config. 1 |
| Sex M Lic. Class D Lic. Restrictions _____ CDL _____ | Owner LABOUEF, BRENDA MARIE |
| Operator COLON, JUSTIS MIGUEL | Address 60 HAMILTON ST APT 1R |
| Address 60 HAMILTON ST APT 1 | City WORCESTER State MA Zip 01604-2296 |
| City WORCESTER State MA Zip 01604-2296 | Insurance Company SAFETY INSURANCE COMPANY |
| Insurance Company SAFETY INSURANCE COMPANY | Vehicle Action Prior to Crash 6 |
| Vehicle Travel Direction: N S E Responding to Emergency? 2 | Damaged Area Code: 8 |
| Citation # (If Issued) _____ | Event Sequence 1 |
| Viol. 1: Ch/Sec/Sub _____ | Most Harmful Event 1 |
| Viol. 2: Ch/Sec/Sub _____ | Driver Contributing Code 6 |
| Viol. 3: Ch/Sec/Sub _____ | Driver Distracted by 99 |
| | Test Status: 28 |
| | Type of Test: 29 |
| | BAC Test Result: 30 |
| | Susp. Alcohol: 2 Susp. Drug: 2 |
| | Towed from scene? 2 |

| 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 | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

