

Date of Crash **06/22/2024** Time of Crash **1101** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **4** 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# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# **450** Direction _____ Address # **SOUTHBRIDGE ST** 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 **13** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-207-AC**

License # **S89173340** St **MA** DOB/Age **06/29/1998** Reg # **3JZN35** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2024** Veh Make **HYUNDAI** Veh Config. **1**
 Operator **WAINAINA, MARTHA NJOKI** Owner **WAINAINA, MARTHA NJOKI**
 Address **15 FREDERICK ST** Address **15 FREDERICK ST**
 City **BROCKTON** State **MA** Zip **02302-2819** City **BROCKTON** State **MA** Zip **02302-2819**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **8** **27** **1** **27** **2** **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 **1** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** **26** **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **1** **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	1	0	0	1	
GLENDA PAGE	18 STRATHMORE RD WORCESTER, MA 01610-2026	02/16/1990	F	3	1	1	0	0	1		
EVE-VANCHELLA PIERRE-LOUIS	65 PARKER ST LOT HOUSE BROCKTON, MA 02302-2329	04/30/2003	F	6	1	1	0	0	1		

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # **S23190496** St **MA** DOB/Age **04/25/1964** Reg # **52WN65** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2014** Veh Make **DODGE** Veh Config. **1**
 Operator **ADAMS, NEIL R** Owner **LINDERS INC**
 Address **9 SHIRLEY ST** Address **211 GRANITE ST**
 City **AUBURN** State **MA** Zip **01501-1712** City **WORCESTER** State **MA** Zip **01607-1217**
 Insurance Company **REPUBLIC-FRANKLIN INSURAN** Vehicle Action Prior to Crash **4** Damaged Area Code: **2** **27** **1** **27** **8** **27**
 Vehicle Travel Direction: **N S** **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 **4** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** **26** **26** Susp. Alcohol: **31** Susp. Drug: **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/Occupants		See Above	X	X	1	1	1	0	0	1	

