

Date of Crash **06/24/2024** Time of Crash **1519** 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# **20** Direction **W** Name of Roadway/Street **810 WASHINGTON ST**
 Route# **20** Direction **W** Address # **810** Name of Roadway/Street **WASHINGTON ST**
 At _____ Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____
 Route# _____ Direction _____ Name of 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# **24-211-AC**

License # **S54394195** St **MA** DOB/Age **04/03/1957** Reg # **451KE4** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2012** Veh Make **JEEP** Veh Config. **2 21**
 Operator **CURBOY, CATHERINE J** Owner **CURBOY, CATHERINE J**
 Address **26 HAMMOND HILL RD** Address **26 HAMMOND HILL RD**
 City **CHARLTON** State **MA** Zip **01507-1522** City **CHARLTON** State **MA** Zip **01507-1522**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **3 27 27 27**
 Vehicle Travel Direction: **N S E X** 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: **0 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: **2 31** Susp. Drug: **2 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 # **S18433974** St **MA** DOB/Age **10/25/1983** Reg # **82VF73** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2012** Veh Make **ACURA** Veh Config. **1 21**
 Operator **LEBRON, OMAR** Owner **LEBRON, OMAR**
 Address **141 CORNOYER BLVD** Address **141 CORNOYER BLVD**
 City **SOUTHBRIDGE** State **MA** Zip **01550-1295** City **SOUTHBRIDGE** State **MA** Zip **01550-1295**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 27 27**
 Vehicle Travel Direction: **N S E X** 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: **0 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: **2 31** Susp. Drug: **2 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/Occupants | | See Above | X | X | 1 | 99 | 4 | 0 | 0 | 10 | 1 |
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