

Date of Crash **06/25/2024** Time of Crash **1121** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

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

WASHINGTON 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# 24-213-AC**

License # **S08633664** St **MA** DOB/Age **08/22/1973** Reg # **2LYM51** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2023** Veh Make **GMC** Veh Config. **1 21**
Operator **SWEENEY, TRICIA LEE** Owner **SWEENEY, TRICIA LEE**
Address **21 BAYLIES RD FRNT** Address **21 BAYLIES RD FRNT**
City **CHARLTON** State **MA** Zip **01507-6523** City **CHARLTON** State **MA** Zip **01507-6523**
Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 27 27**
Vehicle Travel Direction: **S E W** 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: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **3 25 4 25** BAC Test Result: **1 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? **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	XXXX	XX	1	1	3	0	0	1	1	XXXX

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # **S43525053** St **MA** DOB/Age **11/26/1955** Reg # **13WW86** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2023** Veh Make **CHRYSLER** Veh Config. **1 21**
Operator **HAZZARD, ESTHER ELIZABETH** Owner **HAZZARD, ESTHER ELIZABETH**
Address **50 HARRINGTON WAY** Address **50 HARRINGTON WAY**
City **WORCESTER** State **MA** Zip **01604-2115** City **WORCESTER** State **MA** Zip **01604-2115**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**
Vehicle Travel Direction: **N S E W** 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: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0 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	XXXX	XX	1	1	4	0	0	10	1	

