

Date of Crash **07/04/2024** Time of Crash **1415** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **30** 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# _____ 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# 24-227-AC**

License # **S79006005** St **MA** DOB/Age **04/30/1988** Reg # **44R380** Reg Type **PAN** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL _____ Veh Year **2015** Veh Make **HONDA** Veh Config. **2 21**

Operator **CREELMAN, SARAH DEE** Owner **CREELMAN, SARAH DEE**

Address **1 SHARY LN** Address **1 SHARY LN**

City **AUBURN** State **MA** Zip **01501-3316** City **AUBURN** State **MA** Zip **01501-3316**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 7 27 27**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **41 23 31 23 35 23 23** Test Status: **3 28**

Citation # (If Issued) **751535AC** Most Harmful Event **35 24** Type of Test: **2 29**

Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **90 9** Driver Contributing Code **9 25 10 25** BAC Test Result: **5 30**

Viol. 3: Ch/Sec/Sub **90 34J** Viol. 4: Ch/Sec/Sub **90 24** Driver Distracted by **99 26 26** Susp. Alcohol: **1 31** Susp. Drug: **2 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 | 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 # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**

Operator _____ Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26 26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **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 | | | | | | |
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