

Date of Crash 07/07/2024	Time of Crash 2111 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 2	Speed Limit <u>30</u>	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>81</u> Direction <u>WEST ST</u> Address # _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____
	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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# **24-232-AC**

License # <u>9762503</u> St <u>AL</u> DOB/Age <u>03/13/1995</u>	Reg # <u>5A0C8TE</u> Reg Type <u>PAN</u> Reg State <u>AL</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2011</u> Veh Make <u>JEEP</u> Veh Config. <u>2</u> <u>21</u>
Operator <u>HEDLUND, CHRISTOPHER EDWARD</u>	Owner <u>HEDLUND, CHRISTOPHER EDWARD</u>
Address <u>59 ALLEN RD</u>	Address <u>59 ALLEN RD</u>
City <u>STURBRIDGE</u> State <u>MA</u> Zip <u>01566</u>	City <u>STURBRIDGE</u> State <u>MA</u> Zip <u>01566</u>
Insurance Company <u>DIRECT AUTO INS</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>11</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) <u>761772AC</u>	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u>
Viol. 1: Ch/Sec/Sub <u>89</u> <u>4A</u> Viol. 2: Ch/Sec/Sub <u>90</u> <u>24</u>	Driver Contributing Code <u>10</u> <u>25</u> <u>8</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>99</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>99</u> <u>31</u> Susp. Drug: <u>99</u> <u>32</u>
	Towed from scene? <u>1</u> <u>33</u>

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	<u>1</u>	<u>0</u>	<u>3</u>	<u>0</u>	<u>2</u>	<u>7</u>	<u>1</u>	XXXX

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

License # <u>S27516937</u> St <u>MA</u> DOB/Age <u>09/10/1977</u>	Reg # <u>9EC953</u> Reg Type <u>PAN</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2016</u> Veh Make <u>TOYOTA</u> Veh Config. <u>2</u> <u>21</u>
Operator <u>KENNEY, JASON MICHAEL</u>	Owner <u>KENNEY, JASON MICHAEL</u>
Address <u>74 FOLLETTE ST</u>	Address <u>74 FOLLETTE ST</u>
City <u>GRAFTON</u> State <u>MA</u> Zip <u>01519-1022</u>	City <u>GRAFTON</u> State <u>MA</u> Zip <u>01519-1022</u>
Insurance Company <u>THE STANDARD FIRE INSURAN</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>11</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>1</u> <u>33</u>

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	<u>1</u>	<u>1</u>	<u>3</u>	<u>0</u>	<u>2</u>	<u>1</u>	<u>1</u>	XXXX

Crash Diagram:

ie: → 1 → 2 → ○ → ○

See CEMLEC Recon Team crash diagram

If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North Arrow



Crash Narrative:

M/V #2 was traveling eastbound on West Street. M/V #1 was traveling west on West St. In the area of #81 West St, M/V #1 crossed completely into the opposite lane striking M/V #2 head-on

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
HOVAGIMIAN MARK S	81 BURNCOAT LN LEICESTER MA 01524-2009	[REDACTED]	
CRUZ JACOB A	96 MANNVILLE ST LEICESTER MA 01524-1123		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrolman Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/08/2024

Date