

Date of Crash **07/11/2024** Time of Crash **0818** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**1** **1** **2** **3** **10** **11**

**BRYN MAWR AVE**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_  
**LEICESTER 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 \_\_\_\_\_

**3** Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped **Crash Report ID# 24-237-AC**

**1** **2** **12** **13**

License # **S64559839** St **MA** DOB/Age **10/21/1992** Reg # **1YN957** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL \_\_\_\_\_ Veh Year **2014** Veh Make **HONDA** Veh Config. **1 21**  
Operator **LUONG, LINH Q** Owner **HO, TUE KIEN**  
Address **188 AUBURN ST** Address **188 AUBURN ST**  
City **CHERRY VALLEY** State **MA** Zip **01611** City **CHERRY VALLEY** State **MA** Zip **01611**  
Insurance Company **PLYMOUTH ROCK ASSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **3 27 27 27**  
Vehicle Travel Direction: **N S X 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 **99 26 26** Susp. Alcohol: **31** Susp. Drug: **32**  
Towed from scene? **1 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**7** **2** Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

**8** **2** **14**

License # **099809530** St **CT** DOB/Age **09/14/1999** Reg # **5FPB34** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_ Veh Year **2008** Veh Make **HONDA** Veh Config. **1 21**  
Operator **RODRIGUES QUEIROZ, GUSTAVO** Owner **RODRIGUES QUEIROZ, GUSTAVO**  
Address **9 EDEN DR APT 7** Address **9 EDEN DR APT 7**  
City **DANBURY** State **CT** Zip **06810** City **DANBURY** State **CT** Zip **06810**  
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 27 27**  
Vehicle Travel Direction: **X 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**  
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Name (Last First Middle)	Address	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
<b>Operator/Occupants</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>■</b>	<b>1</b>	

