

Date of Crash 07/11/2024	Time of Crash 1604 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
						Latitude _____					
						Longitude _____					

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

AUBURN ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ OXFORD STREET NO 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 _____		
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **24-238-AC**

License # S76952642 St MA DOB/Age 12/18/1958	Reg # 2PC881 Reg Type PC Reg State MA
Sex F Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions B <u>20</u> CDL _____ Endorsement _____	Veh Year 2015 Veh Make VOLKSWAGEN Veh Config. 1 <u>21</u>
Operator FIRMIN, CINDY L Last First Middle	Owner FIRMIN, CINDY L Last First Middle
Address 22 ALDEA AVE APT 22	Address 22 ALDEA AVE APT 22
City DUDLEY State MA Zip 01571-5909	City DUDLEY State MA Zip 01571-5909
Insurance Company THE STANDARD FIRE INSURAN	Vehicle Action Prior to Crash 2 <u>22</u>
Vehicle Travel Direction: N S X W Responding to Emergency? 2	Damaged Area Code: 4 <u>27</u> <u>27</u> <u>27</u>
Citation # (If Issued) _____	Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: 1 <u>28</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: 1 <u>29</u>
	Most Harmful Event 1 <u>24</u>
	BAC Test Result: 1 <u>30</u>
	Driver Contributing Code 1 <u>25</u> <u>25</u>
	Susp. Alcohol: 2 <u>31</u> Susp. Drug: 2 <u>32</u>
	Driver Distracted by 0 <u>26</u> <u>26</u>
	Towed from scene? 2 <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	XXXXXX	X	1	1	4	0	0	10	1	

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

License # S88964486 St MA DOB/Age 07/21/1997	Reg # 4KNY25 Reg Type PC Reg State MA
Sex F Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions B <u>20</u> CDL _____ Endorsement _____	Veh Year 2015 Veh Make JEEP Veh Config. 1 <u>21</u>
Operator SZLYK, CRYSTAL LYNN Last First Middle	Owner SZLYK, CRYSTAL LYNN Last First Middle
Address 4 COMMON ST	Address 4 COMMON ST
City BROOKFIELD State MA Zip 01506-1617	City BROOKFIELD State MA Zip 01506-1617
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 2 <u>22</u>
Vehicle Travel Direction: N S X W Responding to Emergency? 2	Damaged Area Code: 8 <u>27</u> <u>27</u> <u>27</u>
Citation # (If Issued) _____	Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: 1 <u>28</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: 1 <u>29</u>
	Most Harmful Event 1 <u>24</u>
	BAC Test Result: 1 <u>30</u>
	Driver Contributing Code 1 <u>25</u> <u>25</u>
	Susp. Alcohol: 2 <u>31</u> Susp. Drug: 2 <u>32</u>
	Driver Distracted by 0 <u>26</u> <u>26</u>
	Towed from scene? 2 <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	XXXXXX	X	1	1	4	0	0	10	1	

