

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 07/18/2024	Time of Crash 1517 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 40	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 _____	12 S 718 SOUTHBRIDGE ST
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 _____ 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 _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **24-244-AC**

License # S42624761 St MA DOB/Age 12/01/1964	Reg # CIN155 Reg Type PAS Reg State MA
Sex F Lic. Class D Lic. Restrictions 1 CDL _____	Veh Year 2015 Veh Make JEEP Veh Config. 2
Operator SCHOFIELD-MAHONEY, LAURA A	Owner SCHOFIELD-MAHONEY, LAURA A
Address 26 PECKHAM HILL RD	Address 26 PECKHAM HILL RD
City SHERBORN State MA Zip 01770-1604	City SHERBORN State MA Zip 01770-1604
Insurance Company PROGRESSIVE DIRECT INSURA	Vehicle Action Prior to Crash 1 Damaged Area Code: 1
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 Test Status: 1
Citation # (If Issued) _____	Most Harmful Event 1 Type of Test: 0
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 5 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 Susp. Alcohol: 2 Susp. Drug: 2

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
Operator	See Above	_____	_____	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 # S71317800 St MA DOB/Age 10/21/1981	Reg # LVA8073 Reg Type LVN Reg State MA
Sex M Lic. Class D Lic. Restrictions 1 CDL _____	Veh Year 2018 Veh Make FORD Veh Config. 2
Operator SHOCIK, SCOTT MICHAEL	Owner CITY VOYAGER CORP
Address 12 CAMERON ST APT 1	Address 172 ARROWHEAD CIR
City WORCESTER State MA Zip 016**	City ASHLAND State MA Zip 01721-3905
Insurance Company PHILADELPHIA INDEMNITY IN	Vehicle Action Prior to Crash 2 Damaged Area Code: 5
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 Test Status: 1
Citation # (If Issued) _____	Most Harmful Event 1 Type of Test: 0
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 Susp. Alcohol: 2 Susp. Drug: 2

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
Operator/Occupants	See Above	_____	_____	1	1	4	0	0	10	1	
KAREN GORMAN	32 STAFFORD ST CHARLTON, MA 01507	10/02/1956	F	5	2	4	0	0	10	1	
MARYANN KUSZEWSKI	32 STAFFORD ST CHARLTON, MA 01507	03/07/1954	F	4	2	4	0	0	10	1	
COLLEEN CASEY	2 LIBERTY LN OXFORD, MA 01540	10/21/1966	F	7	1	4	0	0	10	1	

Date of Crash **07/18/2024** Time of Crash **1517** 24HR City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

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

Route# **12** Direction **S** Name of Roadway/Street **718 SOUTHBRIDGE ST**
 At _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Landmark _____

Please Select One of the Following: Vehicle **25** #Occupants Hit/Run Moped **Crash Report ID# 24-244-AC**

License # **S71317800** St **MA** DOB/Age **10/21/1981** Reg # **LVA8073** Reg Type **LVN** Reg State **MA**
 Sex **M** Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make **FORD** Veh Config. **21**
 Operator **SHOCK, SCOTT MICHAEL** Owner **CITY VOYAGER CORP**
 Address **12 CAMERON ST APT 1** Address **172 ARROWHEAD CIR**
 City **WORCESTER** State **MA** Zip **016**** City **ASHLAND** State **MA** Zip **01721-3905**
 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? **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		See Above	X	X	1						
TARA GALLANT	25 BURNCOAT ST LEICESTER, MA 01524	02/16/1994	F	9	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **4** #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						

