

Date of Crash 07/19/2024	Time of Crash 1329 24HR	City/Town Auburn	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 2	Speed Limit <b>30</b> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>			
Route# _____ Direction _____ Name of Roadway/Street <b>AUBURN ST</b>			Route# _____ Direction _____ Address # _____ Name of Roadway/Street				
At _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____				
Route# _____ Direction _____ Name of Intersecting Roadway/Street <b>PROSPECT PKWY</b>			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____				
Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____				
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 _____ Landmark _____				

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

Crash Report ID# **24-245-AC**

License # <b>S76607084</b> St <b>MA</b> DOB/Age <b>11/14/1975</b>	Reg # <b>3XPW16</b> Reg Type <b>PAN</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL _____ Endorsement _____	Veh Year <b>2010</b> Veh Make <b>NISSAN</b> Veh Config. <b>1</b> 21
Operator <b>PASQUALE, ANDREW P</b> Last First Middle	Owner <b>PASQUALE, ANDREW P</b> Last First Middle
Address <b>40 HARTWELL ST</b>	Address <b>40 HARTWELL ST</b>
City <b>WEST BOYLSTON</b> State <b>MA</b> Zip <b>01583-2408</b>	City <b>WEST BOYLSTON</b> State <b>MA</b> Zip <b>01583-2408</b>
Insurance Company <b>SAFETY INSURANCE COMPANY</b>	Vehicle Action Prior to Crash <b>3</b> 22
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Damaged Area Code: <b>1</b> 27 <b>8</b> 27 <b>2</b> 27
Citation # (If Issued) _____	Event Sequence <b>1</b> 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: <b>1</b> 28
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: <b>1</b> 29
Driver Contributing Code <b>4</b> 25 <b>3</b> 25	BAC Test Result: <b>1</b> 30
Driver Distracted by <b>99</b> 26 <b>26</b>	Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32
	Towed from scene? <b>1</b> 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
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	1	0	4	0	0	■	■	██████████

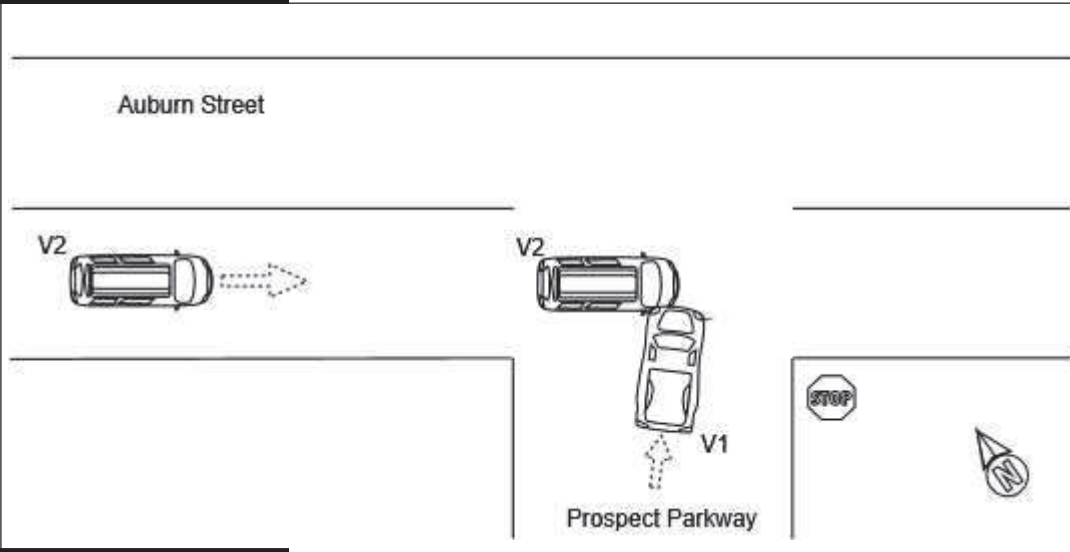
Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

License # <b>S76887243</b> St <b>MA</b> DOB/Age <b>03/25/1967</b>	Reg # <b>3BXT58</b> Reg Type <b>PAN</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL _____ Endorsement _____	Veh Year <b>2020</b> Veh Make <b>JEEP</b> Veh Config. <b>1</b> 21
Operator <b>ELLIS, JAMES BENNETT</b> Last First Middle	Owner <b>ELLIS, JAMES BENNETT</b> Last First Middle
Address <b>125 KENDIG ST</b>	Address <b>125 KENDIG ST</b>
City <b>WORCESTER</b> State <b>MA</b> Zip <b>01610-3018</b>	City <b>WORCESTER</b> State <b>MA</b> Zip <b>01610-3018</b>
Insurance Company <b>THE STANDARD FIRE INSURAN</b>	Vehicle Action Prior to Crash <b>1</b> 22
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Damaged Area Code: <b>2</b> 27 <b>3</b> 27 <b>27</b> 27
Citation # (If Issued) _____	Event Sequence <b>1</b> 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: <b>1</b> 28
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: <b>1</b> 29
Driver Contributing Code <b>1</b> 25 <b>25</b>	BAC Test Result: <b>1</b> 30
Driver Distracted by <b>0</b> 26 <b>26</b>	Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32
	Towed from scene? <b>1</b> 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
<b>Operator/Occupants</b>	See Above	<del>_____</del>	<del>_____</del>	1	1	3	0	0	■	■	██████████

**Crash Diagram:**

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**If Crash Did Not Occur on a Public Way:**

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

I ... Arrow



**Crash Narrative:**

On Friday, July 19, 2024 at approximately 1329hrs the Auburn Police Department responded to a two car motor vehicle accident on Auburn Street at Propect Parkway. V2 was traveling on Auburn Street east bound. V1 pulled out onto Auburn Street from Prospect Parkway and collided with the right side of V2. Minor injuries were reported on scene by both operators. [Redacted] V1 and V2 were towed from the scene by Direnzo's Towing of Millbury.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement

**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]