

Date of Crash 07/22/2024	Time of Crash 1249 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 40 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 547 Direction _____ Address # SOUTHBRIDGE ST Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____
	_____ Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **24-248-AC**

License # SA7431809 St MA DOB/Age 05/01/2006	Reg # V89306 Reg Type CO Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2015 Veh Make HONDA Veh Config. 1 21
Operator HUTTON-OCRAN, ADJOA NYAMEBA Last First Middle	Owner RICHWAYS AUTO SCHOOL LLC Last First Middle
Address 505 PLANTATION ST APT 32	Address 65 JAMES ST APT 208
City WORCESTER State MA Zip 01605	City WORCESTER State MA Zip 01603
Insurance Company NATIONAL CONTINENTAL	Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27
Vehicle Travel Direction: N S E X 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 _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 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	_____	_____	1	1	4	0	0	10	1	
WILSON THUKU	79 CARTER RD WORCESTER, MA 01609-1009	09/19/1978	M	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **22** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # S45174477 St MA DOB/Age 10/12/1997	Reg # LVC4825 Reg Type LVN Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2013 Veh Make TOYOTA Veh Config. 1 21
Operator IRIZARRY, BRYAN M Last First Middle	Owner HYBRID RIDE INC Last First Middle
Address 46 WELLINGTON ST APT 303	Address 28 CROSS ST
City WORCESTER State MA Zip 01610-3321	City NORWOOD State MA Zip 02062
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27
Vehicle Travel Direction: N S E X 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 _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 5 25 19 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 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/Occupants	See Above	_____	_____	1	1	4	0	0	10	1	
DAMON JOLIE	2 SVEA ST WORCESTER, MA 01607-1125	03/03/1978	M	6	1	4	0	0	10	1	

