

Date of Crash **08/02/2024** Time of Crash **0901** 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:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# **100** Direction _____ Address # **MILLBURY ST** 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 _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-258-AC**

License # **S12159560** St **MA** DOB/Age **12/07/1938** Reg # **2NNK20** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **99 20** CDL _____ Veh Year **2012** Veh Make **NISSAN** Veh Config. **1 21**
 Operator **SACCO, JAMES** Owner **SACCO, JAMES**
 Address **21 DAVIS RD** Address **21 DAVIS RD**
 City **AUBURN** State **MA** Zip **01501-3101** City **AUBURN** State **MA** Zip **01501-3101**
 Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **1 27 8 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		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	99	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 # **S60780828** St **MA** DOB/Age **12/04/1973** Reg # **QLCF94** Reg Type **PAN** Reg State **FL**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL _____ Veh Year **2019** Veh Make **BUICKS** Veh Config. **1 21**
 Operator **WILLIS, SUSAN MARIE** Owner **WILLIS, EDWARD ALTON**
 Address **12 MARILYN DR** Address **10127 TRIA DR**
 City **AUBURN** State **MA** Zip **01501-3412** City **BROOKSVILLE** State **FL** Zip **34613-0000**
 Insurance Company **GOVERNMENT EMPLOYEES INS** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 8 27 27**
 Vehicle Travel Direction: **N X 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**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **1 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	1	1	0	0	■	1

