

Date of Crash **08/31/2024** Time of Crash **1221** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **50** State Police  Local Police  MBTA Police  Campus Police  Other:

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

**20 E WASHINGTON ST**  
Route# Direction Name of Roadway/Street

At

**ELM ST**  
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

**SCHOOL ST**  
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 \_\_\_\_\_

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped **Crash Report ID# 24-302-AC**

License # **S34265593** St **MA** DOB/Age **10/02/1995** Reg # **2LSG72** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_ Veh Year **2017** Veh Make **VOLVO** Veh Config. **1 21**

Operator **BREAULT, JOSHUA DAVID** Owner **BREAULT, JOSHUA DAVID**

Address **3 WHITNEY CIR** Address **3 WHITNEY CIR**

City **AUBURN** State **MA** Zip **01501-2818** City **AUBURN** State **MA** Zip **01501-2818**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **3 27 27 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **0 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 0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 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	
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	<b>NO TRANSPORT</b>

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

License # **S46419438** St **MA** DOB/Age **08/05/1952** Reg # **5MK786** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **99 20** CDL \_\_\_\_\_ Veh Year **2017** Veh Make **TOYOTA** Veh Config. **1 21**

Operator **KWIATKOWSKI, SHARON ANN** Owner **KWIATKOWSKI, SHARON ANN**

Address **236 BRYN MAWR AVE** Address **236 BRYN MAWR AVE**

City **AUBURN** State **MA** Zip **01501-1402** City **AUBURN** State **MA** Zip **01501-1402**

Insurance Company **QUINCY MUTUAL FIRE INSURA** Vehicle Action Prior to Crash **6 22** Damaged Area Code: **1 27 0 27 27**

Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **0 29**

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<b>Operator/Occupants</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>99</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	<b>NO TRANSPORT</b>

