

Date of Crash **02/22/2024** Time of Crash **0917** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **40** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**1** Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ At \_\_\_\_\_

**2** Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

**1** Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_ Also at Intersection with \_\_\_\_\_

**2** Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

**4** Feet **N S E W** of \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

**4** Feet **N S E W** of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_

**4** Feet **N S E W** of \_\_\_\_\_ **AREA OF 12/20** Landmark \_\_\_\_\_

**3** Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped **Crash Report ID# 24-64-AC**

**1** License # **S92295788** St **MA** DOB/Age **08/04/1965** Reg # **2NGN26** Reg Type **PAN** Reg State **MA**

**1** Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2016** Veh Make **FORD** Veh Config. **1 21**

**4** Operator **FLANAGAN, CHRISTINA M** Owner **FLANAGAN, CHRISTINA M**

**3** Address **25 LAKEVIEW DR** Address **25 LAKEVIEW DR**

City **CHARLTON** State **MA** Zip **01507-5427** City **CHARLTON** State **MA** Zip **01507-5427**

Insurance Company **MAIN STREET AMERICA PROTE** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **2 27 27 27**

**5** Vehicle Travel Direction:  **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: **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** 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>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**7** Please Select One of the Following:  Vehicle **2** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

**8** License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **3323711** Reg Type **APN** Reg State **ME**

**2** Sex \_\_\_\_\_ Lic. Class **D 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2021** Veh Make **Utility Trailer** Veh Config. **10 21**

Operator **Driverless M.V.** Owner **WENDELLS WELDING INC**

Address \_\_\_\_\_ Address **140 SOUTHBRIDGE RD**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **NORTH OXFORD** State **MA** Zip **01507**

Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **4 22** Damaged Area Code: **7 27 27 27**

**9** Vehicle Travel Direction:  **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: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **9 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **2 33**

Please fill out for operator/non-motorist 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/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>5</b>	<b>3</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Date of Crash **02/22/2024** Time of Crash **0917** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **40** State Police  Local Police  MBTA Police  Campus Police  Other:   
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**1** Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ At \_\_\_\_\_  
**2** Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
**1** 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 \_\_\_\_\_ **AREA OF 12/20** Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle **3** #Occupants  Hit/Run  Moped Crash Report ID# **24-64-AC**

License # **S00151477** St **MA** DOB/Age **11/28/1966** Reg # **6438B** Reg Type **APN** Reg State **MA**  
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_  
 Operator **BARNES, WENDELL SHANE** Owner **WENDELLS WELDING INC**  
 Address **30 FREEMAN RD** Address **140 SOUTHBRIDGE RD**  
 City **CHARLTON** State **MA** Zip **01507-1308** City **N OXFORD** State **MA** Zip **01537-1168**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** Damaged Area Code: **0 27 27 27**  
 Vehicle Travel Direction:  **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: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **9 25 25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **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>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle **4** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_  
 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** Susp. Alcohol: **31** Susp. Drug: **32**  
 Towed from scene? **33**

Please fill out for operator/non-motorist 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/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>							

