

Date of Crash **02/29/2024** Time of Crash **1807** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**SOUTHBRIDGE ST**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_  
**WOODSIDE TER**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
Also at Intersection with \_\_\_\_\_  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **24-70-AC**

License # **665526604** St **NY** DOB/Age **01/06/1998** Reg # **W83991** Reg Type **CO** Reg State **MA**  
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2021** Veh Make **FORD** Veh Config. **1**  
Operator **LUCASMORERGNCLVS, C A** Owner **UG TRANSPORTATION INC**  
Address **1554 NEW YORK AVE APT 1** Address **180 UNION AVE**  
City **HUNTINGTON** State **NY** Zip **11746** City **FRAMINGHAM** State **MA** Zip **01702-8233**  
Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **6** Damaged Area Code: **8**  
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** Type of Test: **1**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **6** Susp. Alcohol: **2** Susp. Drug: **2**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** Towed from scene? **2**

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 **2** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

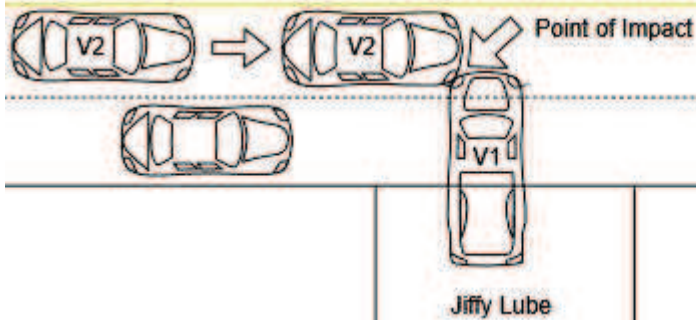
License # **S21642730** St **MA** DOB/Age **09/10/1988** Reg # **7YY919** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2006** Veh Make **HONDA** Veh Config. **1**  
Operator **BOUCHARD, MICHELE L** Owner **BOUCHARD, MICHELE L**  
Address **28 OVER THE TOP RD** Address **28 OVER THE TOP RD**  
City **HOLLAND** State **MA** Zip **01521-2669** City **HOLLAND** State **MA** Zip **01521-2669**  
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **2**  
Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** Type of Test: **1**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** Susp. Alcohol: **2** Susp. Drug: **2**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** Towed from scene? **1**

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>2</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**Crash Diagram:**



Southbridge Street



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

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

I \_\_\_\_\_ Arrow



**Crash Narrative:**

V1 was exiting the parking of Jiffy Lube, when they collided with V2. V2 was traveling straight ahead on the inside travel lane of southbridge street, when it crashed into the front of V1. The vehicles travelling along the outside lane had stopped to allow V1 to exit, while V2 traveling on the inside did not see V1 entering there travel lane. Please note that V1 was attempting to cross two travel lanes going southbound to enter southbridge st. trying to go northbound. There were no reported injuries at this time, and V2 was towed from the scene by Direnzo's.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
MATHON BRIAN	14 MURRAY AVE S. GRAFTON MA 01560		

**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

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate  Cargo Body Type Code  GVWR/GCWR

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length

**Hazmat Information:**

Placard  Material 1 digit #  Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code

Patrolman Jason P Brooks                                      88JB                                      Auburn Police Department                                      02/29/2024  
 Police Officer Name (Please Print)                                      Signature                                      ID/Badge #                                      Department                                      Precinct/Barracks                                      Date