

Date of Crash **03/08/2024** Time of Crash **1632** 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:

**WASHINGTON ST**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_  
**OLD COMMON RD**  
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 **13** #Occupants  Hit/Run  Moped Crash Report ID# **24-79-AC**

License # **SA4940287** St **MA** DOB/Age **03/11/2002** Reg # **743TF8** Reg Type **PAN** Reg State **MA**  
Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2022** Veh Make **Infiniti** Veh Config. **1**  
Operator **DOUGLAS, JAMES MICHAEL** Owner **HALL, MICHELLE ELLEN**  
Address **557 SW CUTOFF APT 114** Address **131 WEST ST**  
City **WORCESTER** State **MA** Zip **016\*\*** City **AUBURN** State **MA** Zip **01501-1016**  
Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **1** 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: **1** 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 Susp. Alcohol: **2** 31 Susp. Drug: **2** 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 |
|---|--|-------------------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <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>MICHELLE HALL</b>                                    | <b>131 WEST ST AUBURN, MA 01501-1016</b> | <b>03/11/1970</b> | <b>F</b>     | <b>3</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
| <b>JULIA HALL</b>                                       | <b>19 MURRAY AVE AUBURN, MA 01501</b>    | <b>03/12/2005</b> | <b>F</b>     | <b>5</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 **21** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S76437236** St **MA** DOB/Age **05/04/1957** Reg # **4BAJ31** Reg Type **PAN** Reg State **MA**  
Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2004** Veh Make **VOLVO** Veh Config. **1**  
Operator **EWING, BRENN A** Owner **EWING, BRENN A**  
Address **227 PLEASANT ST** Address **227 PLEASANT ST**  
City **BERLIN** State **MA** Zip **01503-1630** City **BERLIN** State **MA** Zip **01503-1630**  
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **2** 27 **1** 27 **27**  
Vehicle Travel Direction: **N X 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 \_\_\_\_\_ Driver Contributing Code **3** 25 **19** 25 BAC Test Result: **30**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
Towed from scene? **1** 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>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>         |

