

Date of Crash **03/25/2024** Time of Crash **1416** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

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

1 **1** Route# _____ Direction _____ Name of Roadway/Street _____ At _____

2 **1** Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____

3 **1** Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2 **2** Route# **101** Direction _____ Address # **SOUTHBRIDGE ST** Name of Roadway/Street _____

3 **11** Feet **N S E W** of _____ of _____ or _____ Mile Marker _____ Exit Number _____

3 **11** Feet **N S E W** of _____ of _____ Route# _____ Intersecting Roadway/Street _____

3 **11** Feet **N S E W** of _____ of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 24-95-AC**

License # **S18430041** St **MA** DOB/Age **07/28/2001** Reg # **1VXE34** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2016** Veh Make **JEEP** Veh Config. **1 21**

Operator **HASSETT, OWEN MICHAEL** Owner **HASSETT, OWEN MICHAEL**

Address **234 OLD WEBSTER RD** Address **234 OLD WEBSTER RD**

City **OXFORD** State **MA** Zip **01540-2024** City **OXFORD** State **MA** Zip **01540-2024**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **3 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: **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 **19 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	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	XXXXXX	X	1	1	4	0	0	10	1	

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

License # **S49193786** St **MA** DOB/Age **08/15/1989** Reg # **5PBX71** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2006** Veh Make **KIA** Veh Config. **1 21**

Operator **ODGREN, BENJAMIN R** Owner **ODGREN, BENJAMIN R**

Address **10 MILLBURY RD** Address **10 MILLBURY RD**

City **OXFORD** State **MA** Zip **01540** City **OXFORD** State **MA** Zip **01540**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **8 27 1 27 2 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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **30**

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Towed from scene? **2 33**

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	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/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	1	

