

Date of Crash **12/20/2024** Time of Crash **1642** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# **12** Direction **S** Name of Roadway/Street **688 SOUTHBRIDGE ST**  
 At \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Also at Intersection with \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-464-AC**

License # **S79755838** St **MA** DOB/Age **02/06/1961** Reg # **47662** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2019** Veh Make **SUBARU** Veh Config. **1**  
 Operator **QUINLAN, JOHN FRANCIS** Owner **QUINLAN, SUSAN MARIE**  
 Address **4 THEMELI CT** Address **4 THEMELI CT**  
 City **NORTH OXFORD** State **MA** Zip **01537-1027** City **NORTH OXFORD** State **MA** Zip **01537-1027**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **8**  
 Vehicle Travel Direction:  N  E  W Responding to Emergency? **2** Event Sequence **1** Test Status: **1**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** Type of Test: **0**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**  
 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>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>0</b>	NONE

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

License # **S23831240** St **MA** DOB/Age **10/08/1999** Reg # **6JCV79** Reg Type **PAN** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2025** Veh Make **TOYOTA** Veh Config. **1**  
 Operator **DUNN, AIDAN JAMES** Owner **WHEELS LT**  
 Address **929 SHAKER RD APT 24** Address **666 GARLAND PL**  
 City **WESTFIELD** State **MA** Zip **01085-5049** City **DES PLAINES** State **IL** Zip **60016-0000**  
 Insurance Company **SOMPO AMERICA INSURANCE C** Vehicle Action Prior to Crash **4** Damaged Area Code: **1**  
 Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **1** Test Status: **1**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** Type of Test: **0**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **18** BAC Test Result: **1**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **7** Susp. Alcohol: **2** Susp. Drug: **2**  
 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/Occupants</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>	

