

Date of Crash **04/15/2025** Time of Crash **1750** 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** Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ At \_\_\_\_\_

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

**2** 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 \_\_\_\_\_

**0** Feet **X S E W** of \_\_\_\_\_ **TOWN PIZZA** Landmark \_\_\_\_\_

**3** Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped **Crash Report ID# 25-135-AC**

**4** License # **S68646092** St **MA** DOB/Age **03/02/1982** Reg # **4VWL61** Reg Type **PAN** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_ Veh Year **2012** Veh Make **TOYOTA** Veh Config. **1 21**

**3** Operator **LATHAM, SHARA M** Owner **NOCCI, VICTOR C**

Address **38 HUGUENOT RD BSMT** Address **80 QUEENS WAY APT 5**

City **OXFORD** State **MA** Zip **01540-2335** City **FRAMINGHAM** State **MA** Zip **01701-7741**

Insurance Company **MOBILITAS GENERAL INSURAN** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **2 27 27 27**

**5** 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: **0 29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **5 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99 26 26** Susp. Alcohol: **99 31** Susp. Drug: **99 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>99</b>	<b>99</b>	<b>0</b>	<b>0</b>	<b>99</b>	<b>1</b>	

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

**8** License # **S76379837** St **MA** DOB/Age **05/24/1986** Reg # **735WA9** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_ Veh Year **2008** Veh Make **HYUNDAI** Veh Config. **1 21**

**1** Operator **GRABOCKA, NAUMAQ** Owner **LUBONJA, ERISA**

Address **54 TOWNSEND ST APT 1** Address **11 DALE ST APT 2R**

City **WORCESTER** State **MA** Zip **01609-3449** City **WORCESTER** State **MA** Zip **01610-4101**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **6 27 27 27**

**9** Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**

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<b>Operator/Occupants</b>	See Above	<del>XXXXXX</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>	

