

Date of Crash 02/11/2025	Time of Crash 1135 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

12 S SOUTHBRIDGE ST Route# Direction Name of Roadway/Street	Route# Direction Address # Name of Roadway/Street
At SOUTHBRIDGE STREET CT Route# Direction Name of Intersecting Roadway/Street	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker Exit Number
Also at Intersection with	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street
Route# Direction Name of Intersecting Roadway/Street	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **25-56-AC**

License # S94472963 St MA DOB/Age 10/10/1962	Reg # LOLOLO Reg Type PC Reg State MA
Sex F Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2022 Veh Make NISSAN Veh Config. 1 <u>21</u>
Operator MOURADIAN, LORA ROSE Last First Middle	Owner MOURADIAN, LORA ROSE Last First Middle
Address 56 HEATHER LN	Address 56 HEATHER LN
City STOW State MA Zip 01775-1257	City STOW State MA Zip 01775-1257
Insurance Company SAFETY INSURANCE COMPANY	Vehicle Action Prior to Crash 1 <u>22</u> Damaged Area Code: 1 <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: 1 <u>28</u>
Citation # (If Issued) _____	Most Harmful Event 1 <u>24</u> Type of Test: 0 <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 99 <u>25</u> <u>25</u> Susp. Alcohol: 2 <u>31</u> Susp. Drug: 2 <u>32</u>
	Driver Distracted by 99 <u>26</u> <u>26</u> Towed from scene? 2 <u>33</u>

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
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

License # S29881237 St MA DOB/Age 10/27/1998	Reg # 9LM281 Reg Type PC Reg State MA
Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2018 Veh Make SUBARU Veh Config. 1 <u>21</u>
Operator RUSIECKI, CAMERON T Last First Middle	Owner RUSIECKI, CAMERON T Last First Middle
Address 4 FULLAM HILL RD APT 4	Address 4 FULLAM HILL RD APT 4
City NORTH BROOKFIELD State MA Zip 01535-1302	City NORTH BROOKFIELD State MA Zip 01535-1302
Insurance Company ARBELLA MUTUAL INSURANCE	Vehicle Action Prior to Crash 4 <u>22</u> Damaged Area Code: 6 <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: 1 <u>28</u>
Citation # (If Issued) _____	Most Harmful Event 1 <u>24</u> Type of Test: 0 <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 20 <u>25</u> <u>25</u> Susp. Alcohol: 2 <u>31</u> Susp. Drug: 2 <u>32</u>
	Driver Distracted by 5 <u>26</u> <u>26</u> Towed from scene? 2 <u>33</u>

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
Operator/Occupants	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

