

Date of Crash **05/07/2026** Time of Crash **1258** 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:**

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

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Feet N S E W of _____ or _____

Feet N S E W of _____

Feet N S E W of _____

Mile Marker _____ Exit Number _____

Route# _____ Intersecting Roadway/Street _____

Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 26-183-AC**

License # _____ St. _____ DOB/Age _____ Reg # **7JK668** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **JEEP** Veh Config. **1**

Operator **YOUNG, COURTNEY E** Owner **YOUNG, COURTNEY E**

Address **216 WACHUSETT ST** Address **216 WACHUSETT ST**

City **RUTLAND** State **MA** Zip **01543-2012** City **RUTLAND** State **MA** Zip **01543-2012**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** Damaged Area Code: **5**

Vehicle Travel Direction: N 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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** BAC Test Result: **1**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**

Towed from scene? **1**

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	X	X	1	1	4	0	0	10	0	

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

License # _____ St. _____ DOB/Age _____ Reg # **798AP5** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **B** Lic. Restrictions **20** CDL _____ Veh Year **2011** Veh Make **HONDA** Veh Config. **1**

Operator **SLOAN, MICHAEL GERARD** Owner **SLOAN, MICHAEL GERARD**

Address **444 LEICESTER ST** Address **444 LEICESTER ST**

City **AUBURN** State **MA** Zip **01501-1106** City **AUBURN** State **MA** Zip **01501-1106**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** Damaged Area Code: **1**

Vehicle Travel Direction: N 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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99** BAC Test Result: **1**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** Susp. Alcohol: **2** Susp. Drug: **2**

Towed from scene? **1**

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	X	X	1	1	5	0	0	10	0	

