

Date of Crash **12/17/2024** Time of Crash **1734** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **15** 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 Intersecting Roadway/Street _____ Also at Intersection with _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# **434A** Direction _____ Address # **SOUTHBRIDGE ST** 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 _____
 _____ Feet **N S E 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# **24-458-AC**

License # **S32862292** St **MA** DOB/Age **06/25/2006** Reg # **CIL355** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2013** Veh Make **TOYOTA** Veh Config. **1** **21**
 Operator **KRUSE, LILLIAN JOY** Owner **KRUSE, DONNA L**
 Address **3 ASH ST** Address **3 ASH ST**
 City **SPENCER** State **MA** Zip **01562-2246** City **SPENCER** State **MA** Zip **01562-2246**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **10** **22** Damaged Area Code: **6** **27** **27** **27**
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **2** **23** **23** **23** **23** Test Status: **1** **28**
 Citation # (If Issued) _____ Most Harmful Event **2** **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **99** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **2** **33**

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 # _____ St _____ DOB/Age _____ Reg # **1MX214** Reg Type **CO** Reg State **RI**
 Sex _____ Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **FORD** Veh Config. **1** **21**
 Operator **Driverless M.V.** Owner **CITIZENS ASSET FINANCE INC**
 Address _____ Address **1 CITIZENS WAY**
 City _____ State _____ Zip _____ City **JOHNSTON** State **RI** Zip **02919**
 Insurance Company _____ Vehicle Action Prior to Crash **11** **22** Damaged Area Code: **2** **27** **27** **27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **2** **33**

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	0	4	0	0	10	1	

