

Date of Crash **02/28/2025** Time of Crash **1357** 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:**

MIDSTATE DR
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
SOUTHBRIDGE ST
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
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 _____
Feet **N S E W** of _____
Landmark _____

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped **Crash Report ID# 25-89-AC**

License # **S64198852** St **MA** DOB/Age **01/06/1993** Reg # **6FS856** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2018** Veh Make **HYUNDAI** Veh Config. **2 21**
Operator **PERRY, SAMANTHA LYNN** Owner **PERRY, MARK F**
Address **11 PALACE GARDENS RD** Address **11 PALACE GARDENS RD**
City **WORCESTER** State **MA** Zip **01607-1726** City **WORCESTER** State **MA** Zip **01607-1726**
Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **1 27 27 27**
Vehicle Travel Direction: **N S E X** 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 _____ Driver Contributing Code **20 25 25** BAC Test Result: **1 30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **7 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				1	1	4	0	0	10	1	
NICOLE PERRY	11 PALACE GARDENS RD WORCESTER, MA 01607-1726	01/06/1993	F	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # **S22770286** St **MA** DOB/Age **02/16/1982** Reg # **6BDZ38** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2024** Veh Make **VOLKSWAGEN** Veh Config. **2 21**
Operator **SUTHERLAND, LAURIE JEANNE** Owner **SUTHERLAND, MICHAEL PAUL**
Address **221 SOUTHBRIDGE RD** Address **221 SOUTHBRIDGE RD**
City **CHARLTON** State **MA** Zip **01507-5240** City **CHARLTON** State **MA** Zip **01507-5240**
Insurance Company **NORFOLK & DEDHAM MUTUAL F** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **5 27 27 27**
Vehicle Travel Direction: **N S E X** 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 _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
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Operator/Occupants				1	1	4	0	0	10	1	

