

| | | | | | | | |
|------------------------------------|---|----------------------------|--|-----------------------------|----------------------------|--|--|
| Date of Crash 09/10/2022 | Time of Crash 2221 <small>24HR</small> | City/Town Auburn | Motor Vehicle Crash Police Report | Number Vehicles 1 | Number Injured 1 | Speed Limit 30 Latitude _____ Longitude _____ | State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____ |
|------------------------------------|---|----------------------------|--|-----------------------------|----------------------------|--|--|

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

| | |
|---|--|
| <p>ROCKLAND RD</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>IDLEWOOD DR</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> | <p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet N S E W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Landmark _____</p> |
|---|--|

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 22-290-AC**

| | |
|---|---|
| <p>License # S81718455 St MA DOB/Age 05/09/1979</p> <p>Sex F Lic. Class D Lic. Restrictions 20 CDL _____</p> <p>Operator SEGUIN, TRISHA M</p> <p>Address 11 LYMAN ST APT 3</p> <p>City WORCESTER State MA Zip 01603-1904</p> <p>Insurance Company PERMANENT GENERAL ASSURAN</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p> | <p>Reg # 5868ZT Reg Type PAN Reg State MA</p> <p>Veh Year 2008 Veh Make SATURN Veh Config. 1</p> <p>Owner SEGUIN, TRISHA M</p> <p>Address 11 LYMAN ST APT 3</p> <p>City WORCESTER State MA Zip 01603-1904</p> <p>Vehicle Action Prior to Crash 1 22</p> <p>Event Sequence 40 23 27 23 42 23 23</p> <p>Most Harmful Event 27 24</p> <p>Driver Contributing Code 20 25 7 25</p> <p>Driver Distracted by 4 26</p> <p>Damaged Area Code: 11 27 27 27</p> <p>Test Status: 28</p> <p>Type of Test: 29</p> <p>BAC Test Result: 30</p> <p>Susp. Alcohol: 99 31 Susp. Drug: 99 32</p> <p>Towed from scene? 1 33</p> |
|---|---|

| 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 | 0 | 4 | 0 | 0 | 0 | 0 | 0 |

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

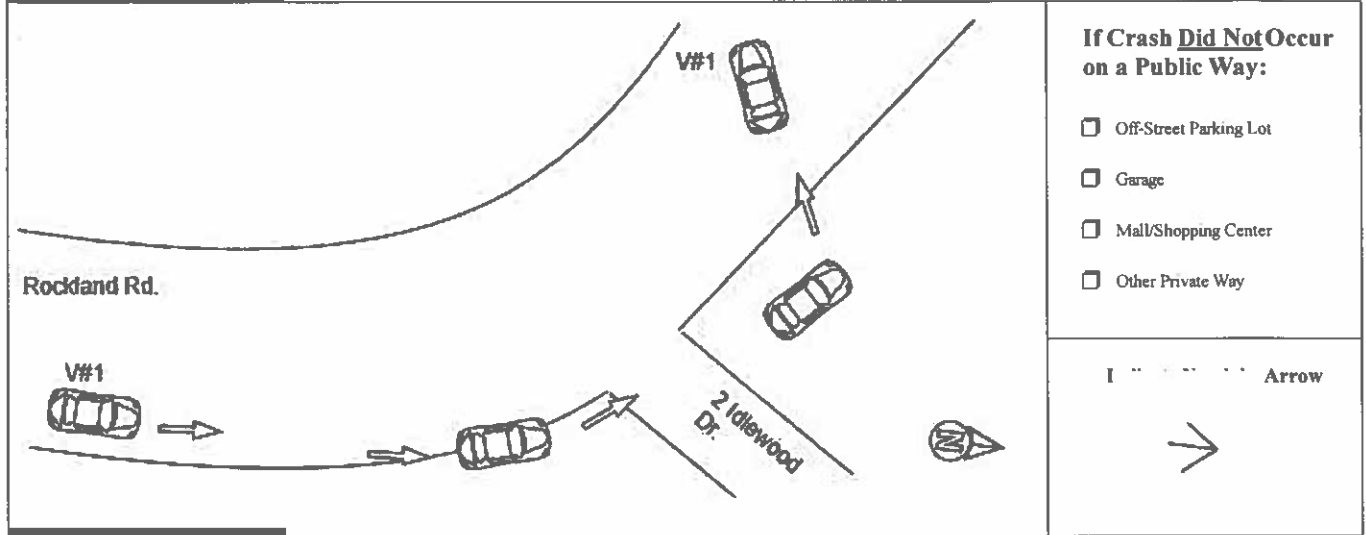
| | |
|---|---|
| <p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p> | <p>Reg # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. 21</p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash 22</p> <p>Event Sequence 23 23 23 23</p> <p>Most Harmful Event 24</p> <p>Driver Contributing Code 25 25</p> <p>Driver Distracted by 26</p> <p>Damaged Area Code: 27 27 27</p> <p>Test Status: 28</p> <p>Type of Test: 29</p> <p>BAC Test Result: 30</p> <p>Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 33</p> |
|---|---|

| Please fill out for operator/non-motorist 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/Non-Motorist | See Above | XXXXXX | XXXX | 1 | | | | | | | |

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ☹ = Bicycle

Crash Diagram:

ic: → 1 → 2 → ○ → ☹



Crash Narrative:

V#1 traveling too fast to negotiate turn by the intersection of Rockland Rd. and Idlewood Dr. Vehicle ran off road (right) over lawn of #2 Idlewood Dr. up embankment, then back down embankment on to Rockland Rd. Vehicle damage substantial to include undercarriage. Vehicle towed, operator taken to hospital via ambulance.

Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|--------------------------|--------------------------------------|------------|-----------|
| BOSS LAUREN PATRICIA | 121 ROCKLAND RD AUBURN MA 01501-1750 | [REDACTED] | |
| MURPHY MICHAEL | 117 ROCKLAND RD AUBURN MA 01501 | [REDACTED] | |

Property Damage:

| Owner (Last,First,Middle) | Address | Phone # | 41-Type | Description of Damaged Property |
|---------------------------|-------------------------------|---------|---------|---------------------------------|
| BRESSE TYLER F | 2 IDLEWOOD DR AUBURN MA 01501 | | 97 | IMACULATE LAWN |

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrolman Luis W Santos 53LS Auburn Police Department 09/10/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date