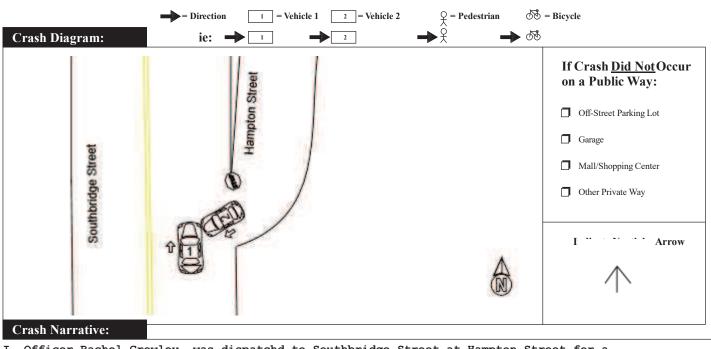
	Police Use Only	Commonwealth of Massachusetts RMV Document Number							nent Number			
	Date of Crash Time of Crash	City/Town	Motor Vehi	icle Cras	sh N		urad	eed Limit	40	State Police Local Police		
	07/31/2023 1703 Aub u	ırn	Police F	Report	2	0	Lat	itude ngitude		MBTA Police Campus Police Other:	ᆸ	
	AT INTERSECTI	ON:	< LOCAT	TION >		NO	TATI	NTER	SECT	ION:		
											2	10
	Route# Direction SOUTHBR	IDGE ST Name of Roadway/Stre	eet .	Route# Direction	on Addı	ress #		Name of	Roadway	y/Street	- -	
¹ 1		At								<u>'</u>		
	HAMPTON			Feet [N S E W		ile Markei	• —	or	Exit Number	- -	11
	Route# Direction Nat	Me of Intersecting Roadwa Also at Intersection wit		Feet N	N S E W	of					3	, 11
				Feet 1	N S E W	Rour of	te#	Inters	ecting Ro	oadway/Street		
² 1	Route# Direction Nam	me of Intersecting Roadwa	ay/Street					La	ndmark		-	
2	Please Select One Vehicle 1.1	#Occupants Hit/F	Run Moped	Crash Re	port ID#	23-2	255	-AC				
3	of the Following:	7 03/0	9/1072							. 1/2	4	
	License # S61167206 St M	20		2EPK25						21	_ 1	12
		En En	dorsement	ar <u>2005</u>					_ Veh C	Config.	╵├	
⁴ 2	Operator MELENDEZ, ESTE	First	Middle	MELENDE	ıst	1	First		Midd	le	-	
2	Address 35 WHIPPLE ST			s 35 WHII		ST A					_	
	City WORCESTER State			ORCESTE	R	22				607-1341		
	Insurance Company GEICO GENE	RAL INSURA	NCE C Vehicle	Action Prior to Ci		1		ged Area (Status:	Code: 2	27 3 27 2		
⁵ 1	Vehicle Travel Direction: S E W	Responding to Emerge	ency? 2 Event S	Sequence 1	3 23	23 23		of Test:	1	29		
1	Citation # (If Issued)	_	Most F	Iarmful Event	1 24		BAC	Test Resu	lt: 1	30	L	- 12
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code		25 2:	Susp.	Alcohol:	2 31	Susp. Drug: 2	2 1	13
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	0 26		Towe	d from sce	ne? 1	. 33		
1	Please fill out for opera	ator and all occupants invo	olved Address	DOB/Age	Sex Pos.	35 36 Safety Airbag System Status	37 S Eject Tr Code Co	88 39 rap Injury ode Status	40 Transp. Code	Medical Facility		
	Operator	Se	ee Above		X_1	1 4	0 0	10	1	·		
								\perp			_	
⁷ 4	Please Select One of the Following:	_#Occupants Non-	Motorist A Type	15 Action	Location Location	on 17	Condition	18	Hi	it/Run Mop	ed	
	License # S50881853 St M	A DOB/Age 01/1	0/1941 Reg#	1CLA63		Re	eg Type P	c	Reg	State MA	_	
	Sex F Lic. Class D Lic. R		DL Veh Ye	ar 2022	Veh M	ake SUB Z	ARU		_ Veh C	Config. 1		
	Operator PFLUG, JOAN M	En	dorsement Owner	PFLUG,	JOAN	M					_	
⁸ 1	Address 1003 FOREST PA	First RK DR	Middle	s 1003 F (ist	1	DR DR		Midd	le	_	
	City AUBURN State	MA Zip 01501	-5507 City 2	UBURN			State 1	MA 2	ip 01 .	501-5507	7 1	. 14
	Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 6 22 Damaged Area Code: 8 27 1 27 2 27							7				
	Vehicle Travel Direction: N K E W	Responding to Emerge	ency? 2 Event S	Sequence 1	3 23	23 23	Test S	Status:	1	. 28		
9	Citation # (If Issued)	_	Most F	Iarmful Event	1 24		••	of Test:		30		
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	L Contributing Code	19	25 2:	=	Test Resul	1	Susp. Drug: 2	2	
	Viol. 3: Ch/Sec/Sub		river Contributing Code 19 23 Susp. Alcohol: 2 31 Susp. Drug: 2 32 river Distracted by 99 26 Towed from scene? 2 33						-			
	Please fill out for operator/nor	n-motorist and all occupan			34 Seat	35 36 Safety Airbag	37 S Eject Ti	88 39 rap Injury	40 Transp.		_	
	Name (Last First Middle) Operator/Non-Motorist	f 0	Address	DOB/Age	Sex Pos.	System Status 1 4	Code Co	ode Status	Code 1	Medical Facility		
	Operator/Ivon-Motorist	; Se	ee Above		X 1	1 4	0 0	10	-			
								\perp				



I, Officer Rachel Crowley, was dispatched to Southbridge Street at Hampton Street for a report of a two car motor vehicle accident. Upon arrival, I spoke with the operator of Vehicle 1 who stated she was driving north on Southbridge Street when Vehicle 2 pulled out of Hampton Street and attempted to take a left. Operator of Vehicle 1 stated she honked her horn and tried to swerve but Vehice 2 subsequently struck Vehicle 1. The operator of Vehicle 2 stated she was stopped at Hampton Street, looked left then right. She did not see any vehicles coming from either side so she started to go. Operator of Vehicle 2 stated she did not see Vehicle 1 coming and struck the vehicle. Both vehicles pulled off to the side of Southbridge Street. Vehicle 2 was able to be driven but there was extensive damage to Vehicle 1 so it was towed by Direnzo Towing.

Witnesses:												
Name (Last,First,Middle)	Address			Phone #	Statement							
RICCI ANDREW J	180 HIGHLAND ST HOLDEN MA 01520-2556			56								
Property Damage:												
Owner (Last,First,Middle)		Phone #	41-Type	Description of Damaged Property								
Truck and Bus Information: Registration #(From Vehicle Section) Carrier NameBus Use												
Address			City		St Zip							
US DOT#:	State Number		_ Issuing State	MC/MX/I	CCC #:							
Interstate Cargo Body Typ	e Code	GVWR/GCWR	45									
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Traile	er Length 46							
Hazmat Information:												
Placard Material 1 digit #	Material Name	2	:	Material 4 digi	t#Release code	49						

Patrolman Rachel B Crowley

Auburn Police Department

07/31/2023

Police Officer Name (Please Print)

Signature

92RC ID/Badge #

Department Precinct/Barracks

Date