

Date of Crash **08/08/2023** Time of Crash **1239** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

SOUTHBRIDGE ST
 Route# _____ Direction _____ Name of Roadway/Street _____
 At _____
WATER 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# **23-265-AC**

License # **049892963** St **CT** DOB/Age **04/18/2005** Reg # **AZ03869** Reg Type **PAN** Reg State **CT**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2012** Veh Make **VOLKSWAGEN** Veh Config. **1 21**
 Operator **GALLOW, JULIANNA MARIE** Owner **GALLOW, CLAIRE**
 Address **68 RIVER ST** Address **17 SARA LN**
 City **MOOSUP** State **CT** Zip **06354** City **MOOSUP** State **CT** Zip **06354-1829**
 Insurance Company **Trumbull Insurance Compan** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 2 27 27**
 Vehicle Travel Direction: **N X E W** 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: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **1 33**

Please fill out for operator and all occupants involved

| Name (Last First Middle) | Address | 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 | X | 1 | 1 | 1 | 0 | 0 | 1 | 1 | |
| | | | | | | | | | | | |

Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S96570026** St **MA** DOB/Age **03/11/2002** Reg # **73Y780** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2009** Veh Make **TOYOTA** Veh Config. **1 21**
 Operator **MOLINA, ELIZABETH ALEXANDRA** Owner **MOLINA, LUIS A**
 Address **550 DENNISON LN** Address **550 DENNISON LN**
 City **SOUTHBRIDGE** State **MA** Zip **01550-2132** City **SOUTHBRIDGE** State **MA** Zip **01550-2132**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **7 22** Damaged Area Code: **8 27 27 27**
 Vehicle Travel Direction: **N S X W** 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: **29**
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|------------------------------|-----------|-------------------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Operator/Non-Motorist | See Above | XXXXXX | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |

