

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **08/21/2023** Time of Crash **1631** 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:

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# **20** Direction **W** Address # **826** Name of Roadway/Street **SOUTHBRIDGE ST**
 _____ 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 **13** #Occupants Hit/Run Moped
 Crash Report ID# **23-284-AC**

License # **S25795874** St **MA** DOB/Age **06/26/1985** Reg # **3GMF61** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2022** Veh Make **LEXUS** Veh Config. **1** **21**
 Operator **BARRETO, GLORIA M** Owner **BARRETO, GLORIA M**
 Address **85 DENNISON HILL RD** Address **85 DENNISON HILL RD**
 City **SOUTHBRIDGE** State **MA** Zip **01550-0000** City **SOUTHBRIDGE** State **MA** Zip **01550-0000**
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **6** **22** Damaged Area Code: **8** **27** **27** **27**
 Vehicle Travel Direction: **N S E** 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 _____ Driver Contributing Code **4** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** **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	X	X	1	1	4	0	0	10	1
ROBERT DISLA	85 DENNISON HILL RD SOUTHBRIDGE, MA 01550-3811	01/14/1983	M	3	1	4	0	0	10	1	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

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

License # **S98681330** St **MA** DOB/Age **12/29/1995** Reg # **1BVL61** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2006** Veh Make **HYUNDAI** Veh Config. **1** **21**
 Operator **HARRINGTON, ALEXANDRA SKYE** Owner **LAYTE, TYLER A**
 Address **241 MAIN ST APT B** Address **241 MAIN ST APT B**
 City **OXFORD** State **MA** Zip **01540-2338** City **OXFORD** State **MA** Zip **01540-2338**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **5** **22** Damaged Area Code: **3** **27** **27** **27**
 Vehicle Travel Direction: **N S E** 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 _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **2** **33**

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	X	X	1	1	4	0	0	10	1

