

Date of Crash **09/29/2023** Time of Crash **1749** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit _____ Latitude _____ Longitude _____ 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# **683** Direction _____ Address # **SOUTHBRIDGE ST** Name of Roadway/Street _____
 _____ Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____
 _____ Feet **N S E W** of _____ Route# **200** Intersecting Roadway/Street **FAITH AVE**
 _____ Feet **N S E W** of _____ Landmark _____

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped Crash Report ID# **23-325-AC**

License # **S43259155** St **MA** DOB/Age **12/04/1988** Reg # **1VTL26** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2017** Veh Make **KIA** Veh Config. **1 21**
 Operator **SZAFAROWICZ, KELLY ROSE** Owner **SZAFAROWICZ, KELLY ROSE**
 Address **100 HAMPTON ST** Address **100 HAMPTON ST**
 City **AUBURN** State **MA** Zip **01501-2651** City **AUBURN** State **MA** Zip **01501-2651**
 Insurance Company **ALLSTATE INSURANCE COMPAN** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **3 27 27 27**
 Vehicle Travel Direction: **S 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 _____ 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? **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	_____	_____	1	1	4	0	0	10	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 # **099358791** St **CT** DOB/Age **09/08/1991** Reg # **BG04752** Reg Type **PC** Reg State **CT**
 Sex **U** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2012** Veh Make **JEEP** Veh Config. **1 21**
 Operator **GERMAIN, JADE E** Owner **GERMAIN, JADE E**
 Address **37 FOSTER ST** Address **37 FOSTER ST**
 City **MANCHESTER** State **CT** Zip **06040-5328** City **MANCHESTER** State **CT** Zip **06040-5328**
 Insurance Company **ALLSTATE** Vehicle Action Prior to Crash **6 22** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **N S 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 _____ Driver Contributing Code **18 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

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/Non-Motorist	See Above	_____	_____	1	1	4	0	0	10	1	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	

