

Date of Crash 11/26/2023	Time of Crash 1511 24HR	City/Town Auburn	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>380</u> Direction _____ Address # _____ Name of Roadway/Street <u>SOUTHBRIDGE ST</u>
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped  
Crash Report ID# **23-403-AC**

License # <u>2393140</u> St <u>RI</u> DOB/Age <u>08/22/1987</u> Sex <u>U</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>MAGUIRE, ANDREW E</u> Address <u>135 JOHNSON ST</u> City <u>PAWTUCKET</u> State <u>RI</u> Zip <u>02860</u> Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____	Reg # <u>753329</u> Reg Type <u>PC</u> Reg State <u>RI</u> Veh Year <u>2014</u> Veh Make <u>KIA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>MAGUIRE, ANDREW E</u> Address <u>135 JOHNSON ST</u> City <u>PAWTUCKET</u> State <u>RI</u> Zip <u>02860</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>6</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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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
<b>Operator</b>	See Above	<del>08/22/1987</del>	<del>M</del>	<del>1</del>	<del>1</del>	<del>4</del>	<del>0</del>	<del>0</del>	<del>10</del>	<del>1</del>	
<b>BEATRIZ LOPEZ</b>	135 JOHNSON ST PAWTUCKET, RI 02860	01/25/1982	F	3	1	4	0	0	10	1	

Please Select One of the Following:  Vehicle 22 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # <u>S50009513</u> St <u>MA</u> DOB/Age <u>05/26/1980</u> Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>MCKAY, LISA M</u> Address <u>864 PODUNK RD</u> City <u>EAST BROOKFIELD</u> State <u>MA</u> Zip <u>01515-2108</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____	Reg # <u>51573</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2010</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>MCKAY, LISA M</u> Address <u>864 PODUNK RD</u> City <u>EAST BROOKFIELD</u> State <u>MA</u> Zip <u>01515-2108</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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
<b>Operator/Non-Motorist</b>	See Above	<del>05/26/1980</del>	<del>F</del>	<del>1</del>	<del>1</del>	<del>4</del>	<del>0</del>	<del>0</del>	<del>10</del>	<del>1</del>	
<b>DARCIE TRUDEAU</b>	864 PODUNK RD EAST BROOKFIELD, MA 01515-2108	12/31/1971	F	3	1	4	0	0	10	1	

