

Date of Crash **01/02/2024** Time of Crash **1216** 24HR City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** 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# **771** Direction _____ Address # **SOUTHBRIDGE ST** Name of Roadway/Street _____
 _____ Feet **NSEW** of _____ or _____ Mile Marker _____ Exit Number _____
 Route# **500** Direction **NSEW** of _____ Name of Roadway/Street **PROSPECT ST**
 _____ Feet **NSEW** of _____ Route# _____ Intersecting Roadway/Street _____
 _____ Feet _____ of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **24-1-AC**

License # **S45774733** St **MA** DOB/Age **07/30/1964** Reg # **T57251** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL _____ Veh Year **2018** Veh Make **FORD** Veh Config. **1** **21**
 Operator **GALLANT, GLENN PAUL** Owner **CHARTER COMMUNICATIONS LLC**
 Address **25 BURNCOAT ST** Address **12405 POWERSCOURT DR**
 City **LEICESTER** State **MA** Zip **01524-2011** City **ST LOUIS** State **MO** Zip **63131-0000**
 Insurance Company **AIU INSURANCE COMPANY** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **0** **27** **27** **27**
 Vehicle Travel Direction: **NSEW** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **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? **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	XXXXXX	XXXX	1	99	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S58875850** St **MA** DOB/Age **01/18/1982** Reg # **81WT73** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL _____ Veh Year **2015** Veh Make **NISSAN** Veh Config. **1** **21**
 Operator **NJOROGE, SOLOMON GICHUHI** Owner **NJOROGE, SOLOMON GICHUHI**
 Address **102 UPLAND ST** Address **102 UPLAND ST**
 City **WORCESTER** State **MA** Zip **01607-1811** City **WORCESTER** State **MA** Zip **01607-1811**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **27** **27**
 Vehicle Travel Direction: **NSEW** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **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 **99** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **26** Susp. Alcohol: **31** Susp. Drug: **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	XXXXXX	XXXX	1	99	4	0	0	10	1	

