

Date of Crash **01/24/2024** Time of Crash **1734** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **50** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# **20** Direction **W** Address # **484** Name of Roadway/Street **WASHINGTON ST**  
 Route# **100** Direction **N S E W** of **SCHOOL ST**  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **24-30-AC**

License # **S80415806** St **MA** DOB/Age **03/09/1977** Reg # **311MG5** Reg Type **PAN** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2015** Veh Make **HONDA** Veh Config. **1**  
 Operator **BOKKA, PRANESH KUMAR** Owner **BOKKA, PRANESH KUMAR**  
 Address **10 BRADISH LN APT 1004** Address **10 BRADISH LN APT 1004**  
 City **WESTBOROUGH** State **MA** Zip **01581-1954** City **WESTBOROUGH** State **MA** Zip **01581-1954**  
 Insurance Company **ALLSTATE INSURANCE COMPAN** Vehicle Action Prior to Crash **1** Damaged Area Code: **1**  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **5** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** Susp. Alcohol: **2** Susp. Drug: **2**  
 Towed from scene? **1**

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>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

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

License # **227739095** St **CT** DOB/Age **10/27/1968** Reg # **BA30067** Reg Type **PAN** Reg State **CT**  
 Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement \_\_\_\_\_ Veh Year **2011** Veh Make **JEEP** Veh Config. **1**  
 Operator **GREGOIRE, JOSEPHINE D** Owner **GREGOIRE, JOHN**  
 Address **PO BOX 1004** Address **41 BUCKLEY HILL RD**  
 City **N GROSVENORDALE** State **CT** Zip **06255** City **NORTH GROSVENORDALE** State **CT** Zip **06255**  
 Insurance Company **GEICO General Insurance C** Vehicle Action Prior to Crash **2** Damaged Area Code: **5**  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**  
 Towed from scene? **2**

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>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>
<b>JOHN GREGOIRE</b>		<b>41 BUCKLEY HILL RD NORTH GROSVENORDALE, CT 06255</b>	<b>08/13/1951</b>	<b>M</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

