

Date of Crash **05/03/2023** Time of Crash **1616** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **50** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**WASHINGTON ST**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_  
**WESTEC DR**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
Also at Intersection with \_\_\_\_\_  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **23-147-AC**

License # **S61342470** St **MA** DOB/Age **07/20/1963** Reg # **TC60MH** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2016** Veh Make **TOYOTA** Veh Config. **1**  
Operator **VALENTIN, MARIE FRANCE** Owner **VALENTIN, MARIE FRANCE**  
Address **49 FREELAND ST** Address **49 FREELAND ST**  
City **WORCESTER** State **MA** Zip **01603-2602** City **WORCESTER** State **MA** Zip **01603-2602**  
Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** Damaged Area Code: **5** Test Status: **1** Type of Test: **1** BAC Test Result: **1** Susp. Alcohol: **2** Susp. Drug: **2**  
Vehicle Travel Direction: **NSE** Responding to Emergency? **2** Event Sequence **1** Most Harmful Event **1** Driver Contributing Code **1** Driver Distracted by **0**

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>	<b>1</b>	<b>1</b>	<b>4</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 # **179455155** St **CT** DOB/Age **05/29/2000** Reg # **T21689** Reg Type **CO** Reg State **MA**  
Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2017** Veh Make **MERCEDES-BENZ** Veh Config. **1**  
Operator **GAUGH, LAYLA BROOKE** Owner **QUAIL SERVICES INCORPORATED**  
Address **8B BALLOUVILLE RD** Address **109 WASHINGTON ST**  
City **DAYVILLE** State **CT** Zip **06241** City **AUBURN** State **MA** Zip **01501-0000**  
Insurance Company **LIBERTY MUTUAL FIRE INSUR** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** Test Status: **1** Type of Test: **1** BAC Test Result: **1** Susp. Alcohol: **2** Susp. Drug: **2**  
Vehicle Travel Direction: **NSE** Responding to Emergency? **2** Event Sequence **1** Most Harmful Event **1** Driver Contributing Code **19** Driver Distracted by **99**

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>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>●</b>	<b>●</b>	

→ = Direction    [ 1 ] = Vehicle 1    [ 2 ] = Vehicle 2    ○ = Pedestrian    ○ = Bicycle

**Crash Diagram:**

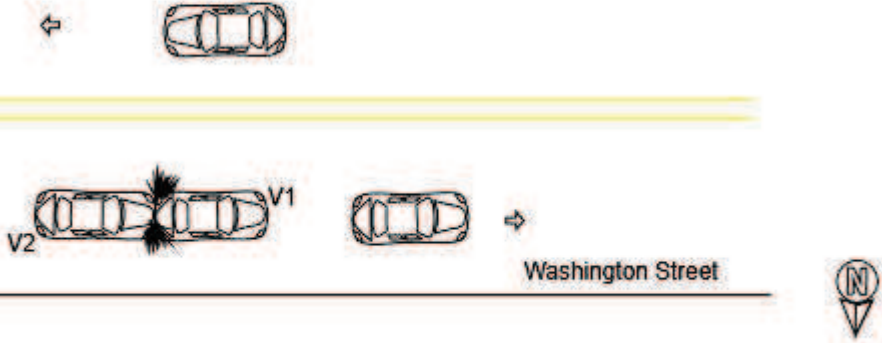
ie: → [ 1 ]    → [ 2 ]    → ○    → ○

Src Publishing  
 1 Westec Drive  
 Auburn, MA 01501

Westec Drive

**If Crash Did Not Occur on a Public Way:**

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way



↓ Arrow



**Crash Narrative:**

V1 and V2 were traveling west on Washington Street. V1 stopped due to traffic ahead. V2 rear ended V1.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

Placard  47    Material 1 digit #  48    Material Name \_\_\_\_\_    Material 4 digit # \_\_\_\_\_    Release code  49

Patrolman David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/03/2023

Date