

Date of Crash **05/27/2023** Time of Crash **1218** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** 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# _____ Direction _____ Name of Roadway/Street _____ Address # _____ Name of Roadway/Street _____

Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____

Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____

Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle **13** #Occupants Hit/Run Moped **Crash Report ID# 23-175-AC**

License # **099399314** St **CT** DOB/Age **09/26/1999** Reg # **543JAL** Reg Type **PAN** Reg State **CT**

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Endorsement _____

Operator **BOLDUC, KEEGAN TYLER** Owner **BOLDUC, MICHAEL**

Address **28 SOMERSETT DR** Address **28 SOMERSETT DR**

City **PAWCATUCK** State **CT** Zip **06379** City **PAWCATUCK** State **CT** Zip **06379-1283**

Insurance Company **Government Employees Insu** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **5** **27** **27** **27**

Vehicle Travel Direction: N E W 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? **1** **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	X	X	1	1	4	0	0	10	1
DREW DONOVAN	5 FLYERS DR NORWICH, CT 06360	12/12/1998	M	11	1	4	0	0	10	1	
ANDREW COSTANZO	16 BRANNEGAN DR PAWCATUCK, CT 06379	10/05/1998	M	11	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 # **029936116** St **CT** DOB/Age **02/10/1995** Reg # **P722CH** Reg Type **APN** Reg State **GA**

Sex **M** Lic. Class **A** **19** **19** Lic. Restrictions **1** **20** CDL _____ Endorsement _____

Operator **NYCZ, RYAN LARKIN** Owner **HOME DEPOT USA INC**

Address **235 MAIN ST APT 1E1** Address **2455 PACES FERRY RD SE**

City **EAST HARTFORD** State **CT** Zip **06118** City **ATLANTA** State **GA** Zip **30339**

Insurance Company **PROGRESSIVE** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**

Vehicle Travel Direction: N E W 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 **5** **25** **19** **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/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	X	X	1	1	4	0	0	10	1

