

Date of Crash **06/23/2023** Time of Crash **1234** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

I-290 E
Route# Direction Name of Roadway/Street
At
SOUTHBRIDGE ST
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 **15** #Occupants Hit/Run Moped
Crash Report ID# **23-209-AC**

License # **S99469891** St **MA** DOB/Age **03/16/1994** Reg # **9NZB50** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL Endorsement
Operator **TRAHAN, ALYSSA E** Owner **TRAHAN, ALYSSA E**
Address **742 STATE ST APT 3** Address **742 STATE ST APT 3**
City **SPRINGFIELD** State **MA** Zip **01128-1182** City **SPRINGFIELD** State **MA** Zip **01128-1182**
Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **4 27 27 27**
Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **99 29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 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	X	X	1	99	4	0	0	10	1
GENE WHITE	9 OFF LARIVIERE AVE THREE RIVERS, MA 01080-1173	03/26/1991	M	3	99	4	0	0	10	1	
JAYDEN LINNEHAN	742 STATE ST SPRING, MA 01128	07/24/2019	M	5	4	4	0	0	10	1	

Please Select One of the Following: Vehicle **1** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **9NZB50** Reg Type _____ Reg State _____
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement
Operator _____ Owner _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**
Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **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						

Date of Crash 06/23/2023 Time of Crash 1234 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0

Speed Limit 25 State Police Local Police MBTA Police Campus Police Other: [] [] [] [] []

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

I-290 E Route# Direction Name of Roadway/Street At SOUTHBRIDGE ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Intersecting Roadway/Street Landmark

Please Select One of the Following: [X] Vehicle 21 #Occupants [] Hit/Run [] Moped Crash Report ID# 23-209-AC

License # S24680577 St MA DOB/Age 11/26/1988 Reg # 861VB3 Reg Type PAN Reg State MA Sex M Lic. Class A M Lic. Restrictions 20 CDL Endorsement Operator PAPAGIOTOPOULOS, NICHOLAS Owner PAPAGIOTOPOULOS, NICHOLAS Address 217 DUDLEY SOUTHBRID City DUDLEY State MA Zip 01571-3278 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Action Prior to Crash 2 Damaged Area Code: 2 Test Status: 1 Type of Test: 99 BAC Test Result: 1 Susp. Alcohol: 2 Susp. Drug: 2 Towed from scene? 2

Table with columns: Name (Last First Middle), Address, 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. Row 1: Operator, See Above, [X], [X], 1, 99, 4, 0, 0, 10, 1.

Please Select One of the Following: [] Vehicle 4 #Occupants [] Non-Motorist A Type 15 Action 16 Location 17 Condition 18 [] Hit/Run [] Moped

License # St DOB/Age Reg # Reg Type Reg State Sex Lic. Class A M Lic. Restrictions 20 CDL Endorsement Operator Owner Address City State Zip Insurance Company Vehicle Action Prior to Crash 22 Damaged Area Code: 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33

Table with columns: Name (Last First Middle), Address, 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. Row 1: Operator/Non-Motorist, See Above, [X], [X], 1.

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian 🚲 = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → 🚲



If Crash Did Not Occur on a Public Way:

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

↑ Arrow



Crash Narrative:

Vehicle #1 was attempting to merge onto Southbridge Street (Rte 12) from I-290 off ramp.

Vehicle #1 began to merge, but stopped for other vehicles traveling South on Rte 12.

Vehicle #2 proceeded to move and struck the right rear bumper of vehicle #1. Operator of vehicle #1 stated he was looking out driver's side window for oncoming traffic and did not realize vehicle #1 stopped. No injuries, low speed impact.

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

Detective Keith E Chipman

Police Officer Name (Please Print)

Signature

63KC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/23/2023

Date