

Date of Crash **07/15/2023** Time of Crash **1806** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

WASHINGTON ST
 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 _____ 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 **12** #Occupants Hit/Run Moped
 Crash Report ID# **23-231-AC**

License # **S16278424** St **MA** DOB/Age **06/08/1964** Reg # **1MMY76** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____
 Operator **BRAY, GRACE ELIZABETH** Owner **BRAY, GRACE ELIZABETH**
 Address **37 UXBRIDGE RD** Address **37 UXBRIDGE RD**
 City **SUTTON** State **MA** Zip **01590-1713** City **SUTTON** State **MA** Zip **01590-1713**
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **4 27 27 27**
 Vehicle Travel Direction: **N S X 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? **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	1	4	0	0	10	1
MARY BOMBELYN	37 UXBRIDGE RD SUTTON, MA 01590	09/27/1940	F	11	1	4	0	0	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 # **S58499203** St **MA** DOB/Age **10/10/1985** Reg # **464KL9** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____
 Operator **ERICKSON, TARA** Owner **ERICKSON, TARA**
 Address **6 OSCEOLA AVENUE RIGHT SIDE** Address **6 OSCEOLA AVENUE RIGHT SIDE**
 City **WORCESTER** State **MA** Zip **01606-1802** City **WORCESTER** State **MA** Zip **01606-1802**
 Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 27 27**
 Vehicle Travel Direction: **N S X 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 **19 25 25** BAC Test Result: **30**
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 Towed from scene? **1 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

