

Date of Crash **07/28/2023** Time of Crash **1336** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

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# **567** Direction _____ Address # **SOUTHBRIDGE ST** 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 **1** #Occupants Hit/Run Moped Crash Report ID# **23-250-AC**

License # **018605986** St **CT** DOB/Age **01/25/1993** Reg # **BB71561** Reg Type **PAN** Reg State **CT**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2012** Veh Make **TOYOTA** Veh Config. **1 21**
 Operator **WOLF, MADELEINE** Owner **WOLF, MADELEINE**
 Address **31B GRAND ST** Address **31B GRAND ST**
 City **DANBURY** State **CT** Zip **06810-7961** City **DANBURY** State **CT** Zip **06810-7961**
 Insurance Company **Progressive Casualty Insu** Vehicle Action Prior to Crash **6 22** Damaged Area Code: **7 27 27 27**
 Vehicle Travel Direction: **N S X 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: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **4 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99 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	XXXX	XX	1	1	4	0	0	10	1	

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

License # **C245866139825** St **MD** DOB/Age **10/26/1995** Reg # **211408** Reg Type **APN** Reg State **NE**
 Sex **M** Lic. Class **A 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2019** Veh Make **KENWORTH** Veh Config. **10 21**
 Operator **CHRISHOLM, WAYNE DELANO** Owner **GTL TRUCK LINES INC**
 Address **1216 GOLDMINE CT** Address **4228 S 72ND ST**
 City **HYATTSVILLE** State **MD** Zip **207855837** City **OMAHA** State **NE** Zip **681271803**
 Insurance Company _____ Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 27 27**
 Vehicle Travel Direction: **X S 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: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **11 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/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	XXXX	XX	1	1	4	0	0	10	1	

Date of Crash **07/28/2023** Time of Crash **1336** 24HR City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

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# **567** Direction _____ Address # **SOUTHBRIDGE ST** 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 **3** #Occupants Hit/Run Moped Crash Report ID# **23-250-AC**

License # **S68159702** St **MA** DOB/Age **10/25/2001** Reg # **287WWN** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____
 Veh Year **2013** Veh Make **SUBARU** Veh Config. **1**
 Operator **ROSS, SHANNON L** Owner **ROSS, MICHAEL G**
 Address **40 LELAND DR** Address **40 LELAND DR**
 City **CHARLTON** State **MA** Zip **01507-6675** City **CHARLTON** State **MA** Zip **01507-6675**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **4** 27 27 27
 Vehicle Travel Direction: **S 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: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: 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	XXXX	XX	1	1	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 **19 19** Lic. Restrictions **20** CDL _____ Endorsement _____
 Veh Year _____ Veh Make _____ Veh Config. **21**
 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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25** 25 BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **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	XXXX	XX	1							

