

Date of Crash **08/04/2023** Time of Crash **1359** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **3** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

SOUTHBRIDGE ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
WATER 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 _____ 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# 23-261-AC**

License # **S47368876** St **MA** DOB/Age **01/28/1993** Reg # **1FLF38** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2019** Veh Make **HYUNDAI** Veh Config. **1**
Operator **SODANO, GABRIELLA R** Owner **SODANO, ARMANDO**
Address **27 OLD WORCESTER RD** Address **27 OLD WORCESTER RD**
City **CHARLTON** State **MA** Zip **01507-1335** City **CHARLTON** State **MA** Zip **01507-1335**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 8 27 27**
Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1 23 97 23 23 23 23** Test Status: **28**
Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **31** Susp. Drug: **32**
Viol. 3: Ch/Sec/Sub _____ 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	XXXXXX	XXXX	1	1	1	0	0	<input checked="" type="checkbox"/>	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 # **S50208361** St **MA** DOB/Age **06/04/1964** Reg # **7CA931** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2002** Veh Make **TOYOTA** Veh Config. **1**
Operator **BRODEUR, GERALD RAYMOND** Owner **BRODEUR, GERALD RAYMOND**
Address **550 TIPTON ROCK RD** Address **550 TIPTON ROCK RD**
City **SOUTHBRIDGE** State **MA** Zip **01550-3989** City **SOUTHBRIDGE** State **MA** Zip **01550-3989**
Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **1** Damaged Area Code: **7 27 3 27 27**
Vehicle Travel Direction: N S W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **4 25 3 25** BAC Test Result: **30**
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99** Susp. Alcohol: **31** Susp. Drug: **32**
Viol. 3: Ch/Sec/Sub _____ 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	XXXXXX	XXXX	1	1	4	0	0	<input checked="" type="checkbox"/>	1	

Date of Crash 08/04/2023 Time of Crash 1359 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 3

Speed Limit 40 State Police Local Police MBTA Police Campus Police Other: []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

SOUTHBRIDGE ST Route# Direction Name of Roadway/Street At WATER 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 Landmark

Please Select One of the Following: [X] Vehicle 30 #Occupants [] Hit/Run [] Moped Crash Report ID# 23-261-AC

License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Driverless M.V. Address City State Zip Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S E W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 985YS2 Reg Type PC Reg State MA Veh Year 2018 Veh Make JEEP Veh Config. 1 Owner CLAIN, NICOLE RYAN Address 5 WILLIAMBURG DR City UXBRIDGE State MA Zip 01569-1615 Vehicle Action Prior to Crash 11 22 Damaged Area Code: 6 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Type of Test: 29 Most Harmful Event 1 24 BAC Test Result: 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 0 26 Towed from scene? 2 33

Table with 10 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

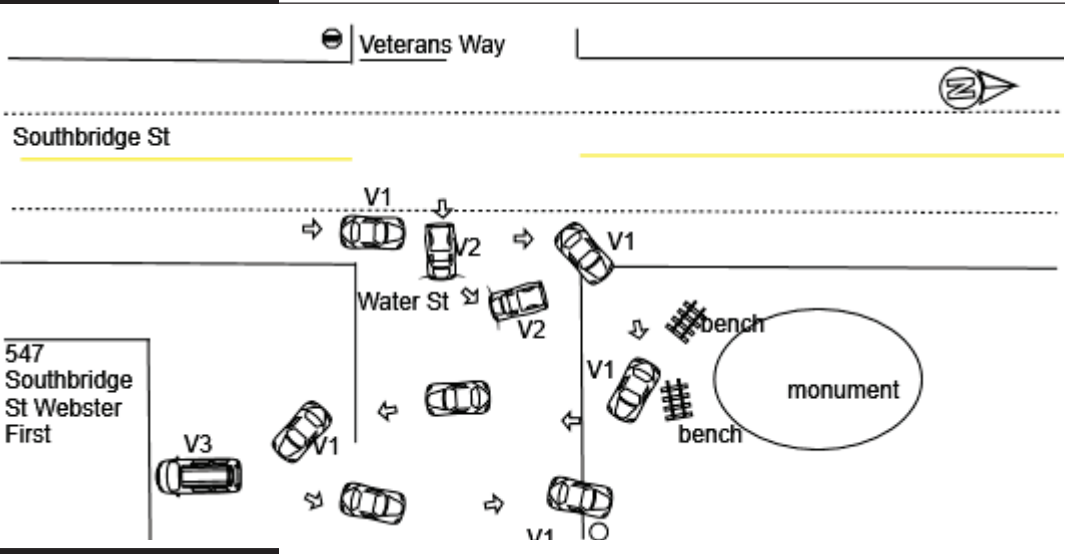
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Type of Test: 29 Most Harmful Event 24 BAC Test Result: 30 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 26 Towed from scene? 33

Table with 10 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, []

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

I ... Arrow



Crash Narrative:

V1 was traveling north on Southbridge St. V2 was traveling east from Veterans way to Water St. V2 failed to yield right of way. V1 struck V2 in right lane northbound causing V2 to turn on its side on Water St. V1 then swerved striking bench in park. V1 over corrected and swerved across Water St into parking lot of 547 Southbridge St. V1 over corrected and went back across Water St. striking guide wire of pole 6. Both operators seen by EMS and signed refusal. Operator of V1 stated she lost brakes prior to striking V2. Brake pedal of V1 was firm and responsive upon examination after accident. There were no brake marks in roadway prior to initial impact.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NATIONAL GRID	939 SOUTHBIDGE ST WORCESTER MA 016		4	GUIDEWIRE

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 Adam D Gustafson 62AG Auburn Police Department 08/04/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date