

Date of Crash **10/04/2023** Time of Crash **1318** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **15** 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# **697** 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 **12** #Occupants Hit/Run Moped Crash Report ID# **23-330-AC**

License # **S40049457** St **MA** DOB/Age **03/20/1961** Reg # **869TK8** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2021** Veh Make **HONDA** Veh Config. **1 21**
 Operator **FRANESE, EVELYN** Owner **MCGUIRK, REBECCA EILEEN**
 Address **36 PILGRIM RD** Address **364 W MAIN ST**
 City **MEDFORD** State **MA** Zip **02155** City **MILLBURY** State **MA** Zip **01527**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **1 27 2 27 27**
 Vehicle Travel Direction: **N S E X** 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 _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 3: 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	03/20/1961	F	1	1	4	0	0	10	1	
REBECCA MCGUIRK	364 W MAIN ST MILLBURY, MA 01527	08/25/1989	F	3	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 # **S43997780** St **MA** DOB/Age **09/20/1967** Reg # **2JVZ64** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2006** Veh Make **HYUNDAI** Veh Config. **1 21**
 Operator **MALLOY, JOSEPH F** Owner **MALLOY, JOSEPH F**
 Address **16 LINDA AVE** Address **16 LINDA AVE**
 City **AUBURN** State **MA** Zip **01501-1926** City **AUBURN** State **MA** Zip **01501-1926**
 Insurance Company **PLYMOUTH ROCK ASSURANCE** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **5 27 27 27**
 Vehicle Travel Direction: **N S E X** 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 _____ Driver Contributing Code **19 25 97 25** BAC Test Result: **30**
 Viol. 3: 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	09/20/1967	M	1	1	4	0	0	10	1	

