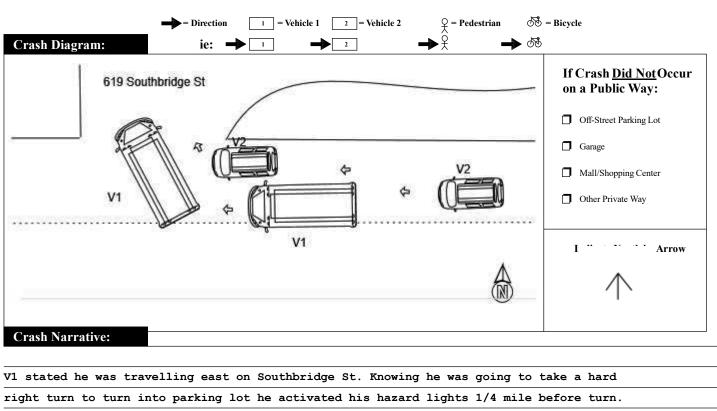
	Police Use Only	Commonwealth of Massachusetts RMV Document Number										
	Date of Crash Time of Crash		Iotor Veh	icle Cras	sh [Number Vehicles	Numb Injure	A Press	Limit_	40	State Police Local Police MBTA Police	N N
	01/10/2023 1520 Aub	urn	Police 1	Report	2		0	Latitu Longi			Campus Police Other:	<u> </u>
	AT INTERSECT	ION:	< LOCA	TION >			NOT	AT IN		SEC		
												2 10
	Route# Direction	Name of Day laws / Charact		Route# Direction		L9 dress#	SO	UTHBI				_[
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direction	on Ad	dress #		IN	ame or	Koadwa	ay/Street	
_				Feet N S E W of • or Mile Marker Exit Nu						Exit Number		
	Route# Direction Na	ame of Intersecting Roadway/St	reet	- 5		v / .	Mile	viarker			Exit Nulliber	– 3 11
		Also at Intersection with				Route# Intersecting Roadway				Roadway/Street	-	
² 1	Route# Direction Na	ame of Intersecting Roadway/St	reet	Feet N	N S E V	V of						_
_	N. C.L.O.			1						ndmark		
³ 99	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Rep	port ID#	23	-4	-AC				
	License # S71801367 St M	<u>IA</u> DOB/Age 01/15/:	1994 Reg #	X18491			Reg T	Гуре СО		Re		12
	Sex M Lic. Class D Lic. 19 Lic. 1	Restrictions 20 CDL_	Veh Y	Tear 2015	Veh !	Make				_ Veh	Config. 6	
	Operator BLAIR, DOUGLA	SFIT	Own	er GEOBOUL	EVAE	ED B	OYLS	STON	INC	2		
⁴ 1	Address 931 PLEASANT S	First Mide	dle	Las	st		First	t		Mid	ddle	
	Address 931 PLEASANT ST Address 4 COUNTRY CLUB DR City WORCESTER State MA Zip 01602-1909 City FARMINGTON State CT Zip 06032-157								5032-157	_		
	Insurance Company PROTECTIVI			ele Action Prior to Cr		3	22	Damage				- I
				23		23	23	Test Stat		ľ	28	-
⁵ 1	Vehicle Travel Direction: N S W	Responding to Emergency?		1 Sequence 1	24			Type of	Test:	İ	29	
_	Citation # (If Issued)	_				25	25	BAC Te	st Resul	lt:	30	13
	Viol. 1: Ch/Sec/Sub			er Contributing Code	26		23	Susp. Al	cohol:	31	Susp. Drug: 3	2 1
⁶ 1	Viol. 3: Ch/Sec/Sub			er Distracted by	U			Towed fi			2 33	
	Please fill out for oper Name (Last First Middle)	rator and all occupants involved Addre		DOB/Age	Sex Pos	t Safety	Airbag	37 38 Eject Trap Code Code	39 Injury Status	Transp. Code	Medical Facility	
	Operator	See Ab	oove		X 1	1	5 0	0	10	1		
	-											
⁷ 1	Please Select One of the Following:	#Occupants Non-Mot	orist A Type	15 Action	16 Locat	ion	17 Co	ondition	18	☐ F	Hit/Run Mop	ed
1	-	IA DOB/Age 10/28/:	1979 _{Dan} t	5HZ441			Dag 7			Da	 na Stata ΜΔ	-
		ū	Reg # 5HZ441 Reg Type PC Reg State MA Veh Year 2012 Veh Make TOYOTA Veh Config.							21	<u> </u>	
	_	Restrictions CDL_ Endors	ement							_ ven	Config.	[]]
⁸ 1	Operator NGUMI, GRACE	First Mide	dle	er NGUMI ,	st		First	i i		Mid	ddle	-
_	Address 36 PIONEER LN	MA = 01501 1		ess <u>36 PION</u>	VEEK.	ШN		. 349		01	E01 1040	- 14
	•	e MA Zip 01501-1	•	AUBURN			22				1501 - 1848	- I
	Insurance Company PROGRESSI			ele Action Prior to Cr		1	23	Damage Test Stat		Lode:	28	<u> </u>
	Vehicle Travel Direction: N S W	Responding to Emergency?	P.2 Even	t Sequence 1		23	23	Type of			29	
⁹ 2	Citation # (If Issued)	_	Most	Harmful Event	1 24			BAC Te		lt:	30	
_	Viol. 1: Ch/Sec/Sub	-Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code		25	25	Susp. Al	cohol:	31	Susp. Drug: 3	2
	Viol. 3: Ch/Sec/Sub	Drive	Driver Distracted by 0 26			Towed from scene? 2 33				2 33		
	Please fill out for operator/no Name (Last First Middle)	on-motorist and all occupants in		DOB/Age	Sex Pos	t Safety	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris			DODINGE	X 1	1	4 0			1	Medical Facility	



V1 stated he was travelling east on Southbridge St. Knowing he was going to take a hard right turn to turn into parking lot he activated his hazard lights 1/4 mile before turn.

He put his drivers side tires on dashed white line so his vehicle a box truck could negotiate turn. While turning V2 struck him in right side.

V2 states she was driving east on Southbridge St. She was behind V1. She stated was in the left lane. V1 turned sharply to the right without signal. V2 swerved into parking lot to avoid V1. V2 stated V1 had struck her in drivers side rear.

Name (Last,First,Middle)		Address				ne#	Statement		
Property Damage:									
Owner (Last,First,Middle) Address			41-Type	Descriptio	cription of Damaged Property				
Truck and Bus Information:	Registration #						Bus Use	42	
Address			City			St	Zip		
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:				
Interstate 43 Cargo Body Typ	pe Code	GVWR/GCWR	45			46			
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Traile	er Length	40			
Hazmat Information:									
Placard Material 1 digit #	48 Material Name	e		Material 4 digit	t#		-Release code	49	

Patrolman Adam D Gustafson

62AG

Auburn Police Department

01/10/2023

Department

Witnesses: