

Date of Crash **08/08/2024** Time of Crash **1612** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **50** State Police Local Police MBTA Police Campus Police Other:

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# **310** Direction _____ Address # **WASHINGTON 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 **13** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-268-AC**

License # **149939678** St **CT** DOB/Age **02/02/1978** Reg # **C296177** Reg Type **PAN** Reg State **CT**
 Sex **M** Lic. Class **A 19 19** Lic. Restrictions **B 20** CDL _____ Veh Year **1995** Veh Make **FORD** Veh Config. **1 21**
 Operator **BLOW, BRUCE RAYMOND** Owner **BLOW, BRUCE RAYMOND**
 Address **26 ANDERSON RD** Address **26 ANDERSON RD**
 City **BROOKLYN** State **CT** Zip **06234-2400** City **BROOKLYN** State **CT** Zip **06234-2400**
 Insurance Company **THE STANDARD FIRE INSURAN** 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: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **0 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 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	X	X	1	0	4	0	0	10	1
MICHELLE BLOW	26 ANDERSON RD BROOKLYN, CT 06234	09/05/1984	F	3	0	4	0	0	10	1	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

Please Select One of the Following: Vehicle **20** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____ Reg # **BE24556** Reg Type **TRN** Reg State **CT**
 Sex _____ Lic. Class **A 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2003** Veh Make _____ Veh Config. **8 21**
 Operator **Driverless M.V.** Owner **BLOW, BRUCE RAYMOND**
 Address _____ Address **26 ANDERSON RD**
 City _____ State _____ Zip _____ City **BROOKLYN** State **CT** Zip **06234-2400**
 Insurance Company _____ 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: **1 28**
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Operator/Occupants		See Above	X	X	1						

Date of Crash 08/08/2024 Time of Crash 1612 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0 Speed Limit 50 State Police Local Police MBTA Police Campus Police Other: []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Location details including Route#, Direction, Name of Roadway/Street, At, and Mile Marker/Exit Number.

Please Select One of the Following: [X] Vehicle 31 #Occupants [] Hit/Run [] Moped Crash Report ID# 24-268-AC

Operator and Owner information including License #, Reg #, Sex, Lic. Class, Address, City, State, Zip, Insurance Company, and Vehicle details.

Table for Operator and all occupants involved, including Name, Address, DOB/Age, Sex, and various safety codes.

Please Select One of the Following: [] Vehicle 4 #Occupants [] Hit/Run [] Moped [] Vulnerable User Complete the Vulnerable User section.

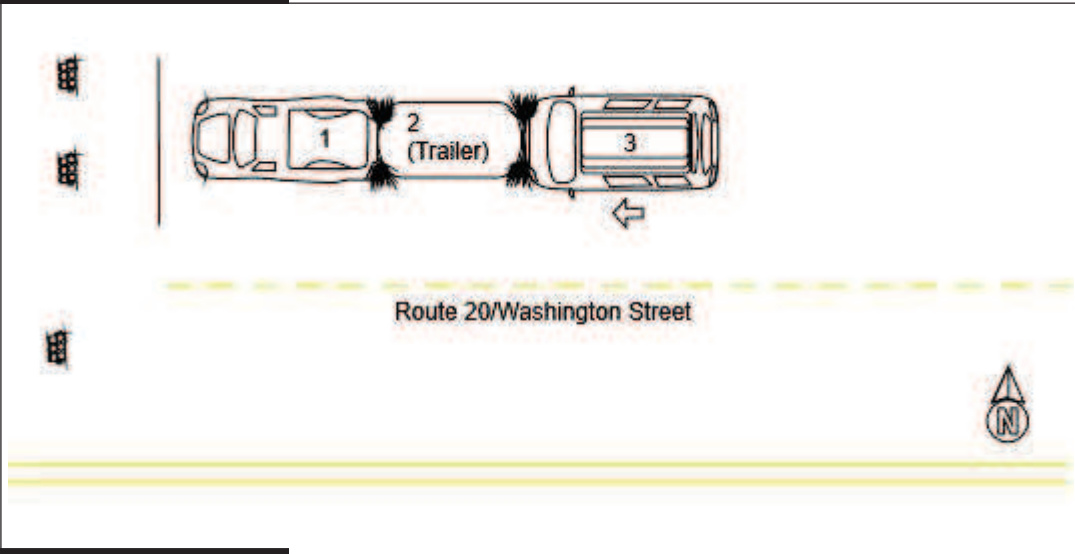
Operator and Owner information for a second vehicle, including License #, Reg #, Sex, Lic. Class, Address, City, State, Zip, Insurance Company, and Vehicle details.

Table for Operator/Occupants involved, including Name, Address, DOB/Age, Sex, and various safety codes.

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

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

Intersection Arrow



Crash Narrative:

Vehicle 1 was stopped at the intersection of Washington Street and Millbury Street travelling westbound. Vehicle 1 had a trailer (Vehicle 2) attached to it. Vehicle 3 was stopped behind Vehicle 1 and 2. The operator of Vehicle 3 stated he thought that Vehicle 1 started to move so he proceeded to go. The operator of Vehicle 3 stated he did not realize until too late that Vehicle 1 was still completely stopped. At this point, Vehicle 3 rear ended Vehicle 2 (the trailer) which in turn hit Vehicle 1.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

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 Rachel B Crowley 92RC Auburn Police Department 08/08/2024
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date