

Date of Crash **05/16/2026** Time of Crash **1242** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** 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# **760** 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# **WEST ST** Intersecting Roadway/Street _____

Feet **N S E W** of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-192-AC**

License # _____ St. _____ DOB/Age _____ Reg # **711EM7** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2021** Veh Make **RAM** Veh Config. **2**

Operator **ELLITHORPE, DENISE MARY** Owner **ELLITHORPE, ROBERT DONALD**

Address **141 TOWN FARM RD** Address **141 TOWN FARM RD**

City **BROOKFIELD** State **MA** Zip **01506-1746** City **BROOKFIELD** State **MA** Zip **01506-1746**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **4** Damaged Area Code: **8** **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: **0** **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99** **25** **25** BAC Test Result: **1** **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	99	5	3	0	10	1	NOT TRANSPORTED

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____ Reg # **1FGS29** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **RAM** Veh Config. **2**

Operator **GILMAN, KAITLYN OLGA** Owner **GILMAN, KAITLYN OLGA**

Address **1090 STAFFORD ST** Address **1090 STAFFORD ST**

City **ROCHDALE** State **MA** Zip **01542-2100** City **ROCHDALE** State **MA** Zip **01542-2100**

Insurance Company **LIBERTY MUTUAL FIRE INSUR** Vehicle Action Prior to Crash **4** Damaged Area Code: **99** **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**

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Operator/Occupants		See Above	X	X	1	1	5	0	0	10	0	NOT TRANSPORTED

