

Date of Crash **03/08/2025** Time of Crash **0441** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **45** 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# **809** 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 **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **25-94-AC**

License # **S47890618** St **MA** DOB/Age **06/03/1970** Reg # **5JDM42** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2018** Veh Make **RAM** Veh Config. **1**
 Operator **GAGNE, DANIEL A** Owner **GAGNE, DANIEL A**
 Address **51 HILLCREST AVE** Address **51 HILLCREST AVE**
 City **SOUTHBRIDGE** State **MA** Zip **01550-1259** City **SOUTHBRIDGE** State **MA** Zip **01550-1259**
 Insurance Company **UNITED SERVICES AUTOMOBIL** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** **27** **8** **27** **2** **27**
 Vehicle Travel Direction: **N S X W** 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** **5** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99** **26** **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	X	X	1	1	4	0	0	10	1

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

License # **S43359972** St **MA** DOB/Age **08/27/1963** Reg # **8MK720** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **JEEP** Veh Config. **1**
 Operator **ALVARADO, GILBERTO** Owner **ALVARADO, GILBERTO**
 Address **589 DENNISON DR** Address **589 DENNISON DR**
 City **SOUTHBRIDGE** State **MA** Zip **01550-2119** City **SOUTHBRIDGE** State **MA** Zip **01550-2119**
 Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **1** Damaged Area Code: **9** **27** **27** **27**
 Vehicle Travel Direction: **N S X W** 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** **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/Occupants		See Above	X	X	1	1	4	0	0	10	1

