

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash
01/05/2026Time of Crash
1222
24HRCity/Town
AuburnNumber
Vehicles
2Number
Injured
0Speed Limit
15State Police
Local Police
MBTA Police
Campus Police
Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 1

Route# Direction _____
At _____2 10
Route# Direction Address # Name of Roadway/Street
385 SOUTHBIDGE STRoute# Direction Name of Intersecting Roadway/Street
Also at Intersection with _____2 11
Feet

N	S	E	W
---	---	---	---

 of _____ • _____ or _____
Mile Marker _____ Exit Number _____

Route# Direction Name of Intersecting Roadway/Street

2 12
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 1 #Occupants Hit/Run Moped

Crash Report ID# 26-3-AC

License # S96253115 St MA DOB/Age 01/18/1961

Reg # 718GZ7 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____
Endorsement _____

Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21

Operator CLOTAR, GAIL LYNNE Last _____ First _____ Middle _____

Owner CLOTAR, GAIL LYNNE Last _____ First _____ Middle _____

Address 30 PASSWAY SIX

Address 30 PASSWAY SIX

City WORCESTER State MA Zip 01602-3008

City WORCESTER State MA Zip 01602-3008

Insurance Company THE COMMERCE INSURANCE CO

State MA Zip 01602-3008

Vehicle Travel Direction: S E W Responding to Emergency? 2Vehicle Action Prior to Crash 11 22
Damaged Area Code: 2 27 27 27

Citation # (If Issued) _____

Test Status: 1 28

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Type of Test: 0 29

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

BAC Test Result: 1 30

Driver Contributing Code 1 25 25

Susp. Alcohol: 2 31 Susp. Drug: 2 32

Driver Distracted by 0 26 26

Towed from scene? 2 33

Please fill out for operator and all occupants involved

Medical Facility

Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code

Operator Operator See Above 1 99 4 0 0 10 1 NOT TRANSPORTED

7 1
Please Select One of the Following: Vehicle 2 1 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Reg # unknown Reg Type _____ Reg State _____

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____
Endorsement _____

Veh Year _____ Veh Make _____ Veh Config. 21

Operator unknown Last _____ First _____ Middle _____

Owner Last _____ First _____ Middle _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Action Prior to Crash 22
Damaged Area Code: 27 27 27Vehicle Travel Direction: S E W Responding to Emergency? _____

Test Status: 28

Citation # (If Issued) _____

Type of Test: 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

BAC Test Result: 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Susp. Alcohol: 31 Susp. Drug: 32

Please fill out for operator and all occupants involved

Towed from scene? 33

Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code

Operator/Occupants Operator/Occupants See Above 1

