

Date of Crash **05/08/2026** Time of Crash **1709** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **20** 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# **541** Direction _____ Address # **SOUTHBRIDGE ST** Name of Roadway/Street _____

Feet of _____ or _____ Mile Marker _____ Exit Number _____

Feet of _____ Route# _____ Intersecting Roadway/Street _____

Feet of _____ Landmark _____

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped **Crash Report ID# 26-186-AC**

License # _____ St. _____ DOB/Age _____ Reg # **BF16015** Reg Type **PAN** Reg State **CT**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2018** Veh Make **JEEP** Veh Config. **1 21**

Operator **BARKER, JOSHUA DAVID** Owner **BARKER, JOSHUA DAVID**

Address **58 POMFRET ST APT 4314** Address **58 POMFRET ST APT 4314**

City **PUTNAM** State **CT** Zip **06260-1892** City **PUTNAM** State **CT** Zip **06260-1892**

Insurance Company **CSAA Affinity Insurance C** Vehicle Action Prior to Crash **6 22** Damaged Area Code: **8 27 27 27**

Vehicle Travel Direction: 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: **1 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **7 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				1	1	4	0	0	10	1	
MEG BARKER	63 BEECHWOOD BLVD PLAINFIELD, CT 06374		F	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____ Reg # **AL22311** Reg Type **PAN** Reg State **CT**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2017** Veh Make **VOLKSWAGEN** Veh Config. **1 21**

Operator **SPAZIANO, RACHEL ROSELEE** Owner **SPAZIANO, CHRISTOPHER MICHAEL**

Address **37 BEN MERRILL RD** Address **37 BEN MERRILL RD**

City **CLINTON** State **CT** Zip **06413** City **CLINTON** State **CT** Zip **06413-1239**

Insurance Company **Farmers Casualty Insuranc** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **4 27 27 27**

Vehicle Travel Direction: 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**

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Operator/Occupants				1	1	4	0	0	10	1	

