

Date of Crash 08/03/2022 Time of Crash 0731 24HR 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:

<p>Route# Direction Name of Roadway/Street</p> <p>At</p> <p>Route# Direction Name of Intersecting Roadway/Street</p> <p>Also at Intersection with</p> <p>Route# Direction Name of Intersecting Roadway/Street</p>	<p style="text-align: center;">SOUTHBRIDGE ST</p> <p>Route# Direction Address # Name of Roadway/Street</p> <p>Feet N S E W of _____ or _____</p> <p>Mile Marker _____ Exit Number _____</p> <p>Feet N S E W of _____</p> <p>Route# Intersecting Roadway/Street</p> <p>Feet N S E W of _____</p> <p>Landmark _____</p>
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Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **22-243-AC**

<p>License # S72549532 St MA DOB/Age 01/07/1968</p> <p>Sex M Lic. Class D Lic. Restrictions 20 CDL _____</p> <p>Operator FOOTE MONTGOMERY, TODD CHRISTOPHER</p> <p>Address 65 ALLEN HILL RD</p> <p>City HOLLAND State MA Zip 01521-3141</p> <p>Insurance Company THE COMMERCE INSURANCE CO</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 7401LX Reg Type PC Reg State MA</p> <p>Veh Year 2008 Veh Make JEEP Veh Config 1 21</p> <p>Owner FOOTE MONTGOMERY, TODD CHRISTOPHER</p> <p>Address 65 ALLEN HILL RD</p> <p>City HOLLAND State MA Zip 01521-3141</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code 0 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test 29</p> <p>Driver Contributing Code 19 25 25 BAC Test Result 1 30</p> <p>Driver Distracted by 5 26 Susp. Alcohol 2 31 Susp. Drug 2 32</p> <p>Towed from scene? 2 33</p>
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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	

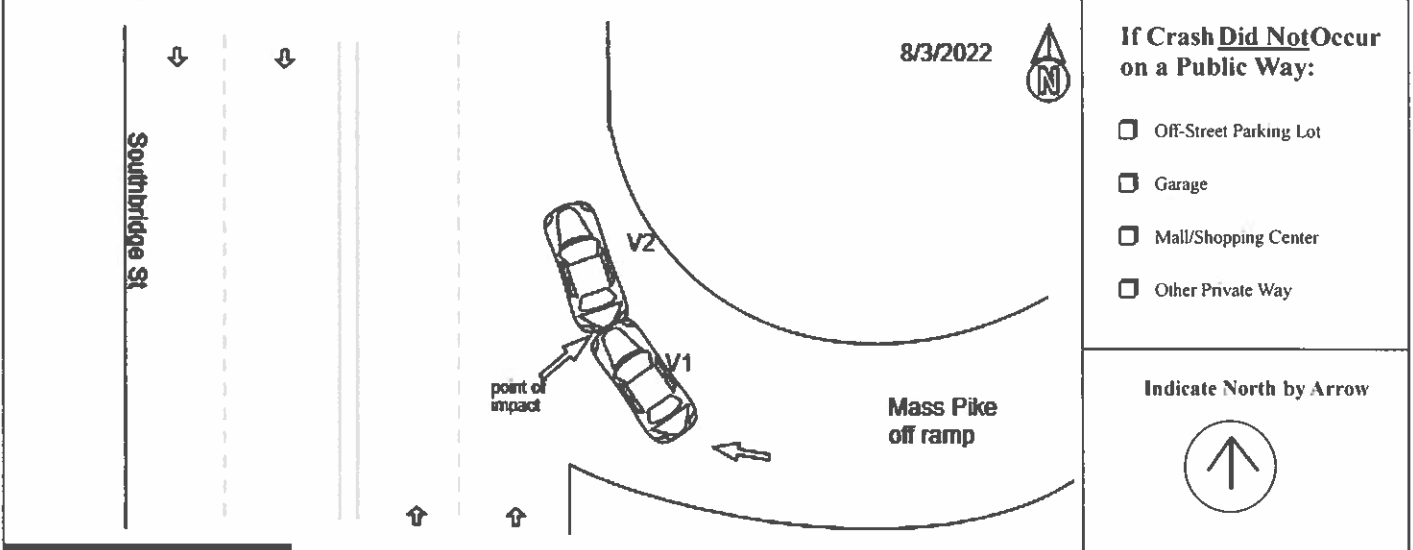
Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

<p>License # 238548857 St CT DOB/Age 11/20/1978</p> <p>Sex M Lic. Class D Lic. Restrictions 20 CDL _____</p> <p>Operator GLISPIN, TIMOTHY D</p> <p>Address 314 GEORGETOWN DR</p> <p>City GLASTONBURY State CT Zip 06033</p> <p>Insurance Company GEICO Indemnity Company</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # AA60487 Reg Type PAN Reg State CT</p> <p>Veh Year 2015 Veh Make NISSAN Veh Config 1 21</p> <p>Owner GLISPIN, TIMOTHY D</p> <p>Address 314 GEORGETOWN DR</p> <p>City GLASTONBURY State CT Zip 06033</p> <p>Vehicle Action Prior to Crash 2 22 Damaged Area Code 5 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result 1 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol 2 31 Susp. Drug 2 32</p> <p>Towed from scene? 2 33</p>
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Please fill out for operator/non-motorist 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/Non-Motorist				1	1	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian 🚲 = Bicycle
 ie: → 1 → 2 → ○ → 🚲

Crash Diagram:



Crash Narrative:

V1 was on the off ramp to enter onto Southbridge St. (northbound) when it rear ended V2.
 Operator of V1 stated he was looking back at traffic so he could merge. He didnt see V2
 who had stopped as he was waiting for safely merge as well. V2 sustained damage to the
 rear bumper and trunk.

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 Christopher S Raymond 77CR Auburn Police Department 08/03/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date