

Date of Crash **06/10/2023** Time of Crash **1610** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____

2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____

2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2 Route# _____ Direction _____ Name of Roadway/Street _____ Address # _____ 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 _____

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 23-194-AC**

5 License # **S26447293** St **MA** DOB/Age **07/05/1982** Reg # **2CBN43** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2012** Veh Make **TOYOTA** Veh Config. **1**

4 Operator **PIETROWSKI, ANTHONY P** Owner **NELSON, ASHLEY ANN**

Address **649 COLRAIN RD** Address **649 COLRAIN RD**

City **GREENFIELD** State **MA** Zip **01301-9761** City **GREENFIELD** State **MA** Zip **01301-9761**

Insurance Company **PERMANENT GENERAL ASSURAN** Vehicle Action Prior to Crash **6** Damaged Area Code: **10** **27** **5** **27** **27**

Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**

5 Citation # (If Issued) **T3157461** Most Harmful Event **1** **24** Type of Test: **1** **29**

Viol. 1: Ch/Sec/Sub **C90S23** Viol. 2: Ch/Sec/Sub **720CMR906** Driver Contributing Code **3** **25** **25** BAC Test Result: **1** **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **1** **33**

Please fill out for operator and all occupants involved

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	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

8 License # **S94654907** St **MA** DOB/Age **10/11/1978** Reg # **2MPB83** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** **20** CDL Endorsement _____ Veh Year **2019** Veh Make **TOYOTA** Veh Config. **1**

4 Operator **RODRIGUEZ, JENSY E** Owner **RODRIGUEZ, NADINE A**

Address **7 OAK ST** Address **7 OAK ST**

City **WEBSTER** State **MA** Zip **01570-2427** City **WEBSTER** State **MA** Zip **01570-2427**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **6** Damaged Area Code: **1** **27** **10** **27** **27**

Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**

9 Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **1** **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **97** **25** **25** BAC Test Result: **1** **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **2** **33**

Please fill out for operator/non-motorist and all occupants involved

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	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

