

Date of Crash 06/13/2023	Time of Crash 0928 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 50	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 103 Direction _____ Address # MILLBURY ST Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ 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
Crash Report ID# **23-199-AC**

License # S82154895 St MA DOB/Age 06/10/1981	Reg # 781AS8 Reg Type PAN Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2014 Veh Make Infiniti Veh Config. 1 21
Operator VANDETTE, DAVID R Last First Middle	Owner OLIVEIRA, BASIA Last First Middle
Address 1195 GRAFTON ST APT 12	Address 1195 GRAFTON ST APT 12
City WORCESTER State MA Zip 01604	City WORCESTER State MA Zip 01604-2640
Insurance Company PLYMOUTH ROCK ASSURANCE C	Vehicle Action Prior to Crash 3 22 Damaged Area Code: 6 27 27 27
Vehicle Travel Direction: N S E X 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 _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 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	XXXXXX	XXXX	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

License # S93448091 St MA DOB/Age 12/30/1963	Reg # V53419 Reg Type CON Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2020 Veh Make FREIGHTLINER Veh Config. 6 21
Operator BOHN, RANDALL R Last First Middle	Owner UNITED PARCEL SERVICE INC Last First Middle
Address 4 PLEASANT ST	Address 15 ARLINGTON ST
City AUBURN State MA Zip 01501-2916	City WATERTOWN State MA Zip 02472
Insurance Company LIBERTY MUTUAL FIRE INSUR	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27
Vehicle Travel Direction: N S E X 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 _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32
	Towed from scene? 2 33

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	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

