

Date of Crash 07/11/2023	Time of Crash 1304 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	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"/>
						Latitude _____					
						Longitude _____					

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

SWANSON RD Route# _____ Direction _____ Name of Roadway/Street _____ At _____ SOUTHBRIDGE ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____			
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 23-227-AC**

License # S48047072 St MA DOB/Age 04/23/1946	Reg # 85423A Reg Type PC Reg State MA
Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2022 Veh Make HYUNDAI Veh Config. 1
Operator NORDBERG, PAUL C Last First Middle	Owner NORDBERG, DEBRA L Last First Middle
Address 3 OVERHILL DR	Address 3 OVERHILL DR
City AUBURN State MA Zip 01501-2406	City AUBURN State MA Zip 01501-2406
Insurance Company PLYMOUTH ROCK ASSURANCE	Vehicle Action Prior to Crash 2 <u>22</u> Damaged Area Code: 5 <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: 28
Citation # (If Issued) _____	Most Harmful Event 1 <u>24</u> Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 <u>25</u> <u>25</u> BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 <u>26</u> Susp. Alcohol: 31 Susp. Drug: 32
	Towed from scene? 2 <u>33</u>

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 # 366900719 St NY DOB/Age 05/27/1972	Reg # 662388 Reg Type CO Reg State KS
Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2015 Veh Make DODGE Veh Config. 1
Operator MILLER, RAYMOND CARL Last First Middle	Owner MILLER, RAYMOND CARL Last First Middle
Address 1037 DAVIS TER	Address 1037 DAVIS TER
City SCHENECTADY State NY Zip 12303	City SCHENECTADY State NY Zip 12303
Insurance Company ACE INSURANCE	Vehicle Action Prior to Crash 1 <u>22</u> Damaged Area Code: 1 <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: 28
Citation # (If Issued) _____	Most Harmful Event 1 <u>24</u> Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 22 <u>25</u> 5 <u>25</u> BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 <u>26</u> Susp. Alcohol: 31 Susp. Drug: 32
	Towed from scene? 2 <u>33</u>

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	99	4	0	0	10	1	

