

Date of Crash 07/12/2023	Time of Crash 1207 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 3	Speed Limit 40	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____		
			Landmark _____		

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped **Crash Report ID# 23-228-AC**

License # S62747370 St MA DOB/Age 01/01/1963	Reg # 3SYN87 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____	Veh Year 2017 Veh Make HYUNDAI Veh Config. 1 21
Operator SUTTER, MARIE M Last First Middle	Owner SUTTER, MARIE M Last First Middle
Address 720 SOUTHBRIDGE ST	Address 720 SOUTHBRIDGE ST
City AUBURN State MA Zip 01501-1835	City AUBURN State MA Zip 01501-1835
Insurance Company ARBELLA MUTUAL INSURANCE	Vehicle Action Prior to Crash 1 22
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 1 27 27 27
Citation # (If Issued) _____	Event Sequence 1 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: 28
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: 29
	Most Harmful Event 1 24
	BAC Test Result: 30
	Driver Contributing Code 1 25 25
	Susp. Alcohol: 31 Susp. Drug: 32
	Driver Distracted by 0 26
	Towed from scene? 1 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	10/11/1961	F	3	1	1	0	0	●	●	_____
NANCY KING	486 WASHINGTON ST AUBURN, MA 01501	10/11/1961	F	3	1	1	0	0	●	●	_____

Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # SA4350144 St MA DOB/Age 06/18/2003	Reg # 2ZWT22 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____	Veh Year 2018 Veh Make HONDA Veh Config. 1 21
Operator MATTHEWS, ALANNAH MARIE Last First Middle	Owner MATTHEWS, ALANNAH MARIE Last First Middle
Address 53 GROVE ST	Address 53 GROVE ST
City NORTH BROOKFIELD State MA Zip 01535-1945	City NORTH BROOKFIELD State MA Zip 01535-1945
Insurance Company PROGRESSIVE DIRECT INSURA	Vehicle Action Prior to Crash 4 22
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 3 27 27 27
Citation # (If Issued) _____	Event Sequence 1 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: 28
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: 29
	Most Harmful Event 1 24
	BAC Test Result: 30
	Driver Contributing Code 4 25 19 25
	Susp. Alcohol: 31 Susp. Drug: 32
	Driver Distracted by 5 26
	Towed from scene? 1 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	10/11/1961	F	3	1	1	0	0	●	●	_____

