

Date of Crash 08/07/2023	Time of Crash 1648 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# 199 Direction _____ Address # WASHINGTON 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# **23-264-AC**

License # S30132030 St MA DOB/Age 11/02/1979	Reg # 2FJV34 Reg Type PC Reg State MA
Sex M Lic. Class D ¹⁹ ¹⁹ Lic. Restrictions B ²⁰ CDL _____ Endorsement _____	Veh Year 2017 Veh Make CHEVROLET Veh Config. 1 ²¹
Operator BOURBEAU, EMILE JOHN Last First Middle	Owner BOURBEAU, EMILE JOHN Last First Middle
Address 16 CARRON LN	Address 16 CARRON LN
City OXFORD State MA Zip 01540-2402	City OXFORD State MA Zip 01540-2402
Insurance Company SAFETY INSURANCE COMPANY	Vehicle Action Prior to Crash 1 ²² Damaged Area Code: 1 ²⁷ ²⁷ ²⁷
Vehicle Travel Direction: N S E X Responding to Emergency? 2	Event Sequence 1 ²³ ²³ ²³ ²³ ²³ Test Status: 28
Citation # (If Issued) 116398AC	Most Harmful Event 1 ²⁴ Type of Test: 29
Viol. 1: Ch/Sec/Sub 90 20 Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 19 ²⁵ 5 ²⁵ BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 ²⁶ Susp. Alcohol: 2 ³¹ Susp. Drug: 2 ³²
	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	XXXXXX	XXXX	1	1	1	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

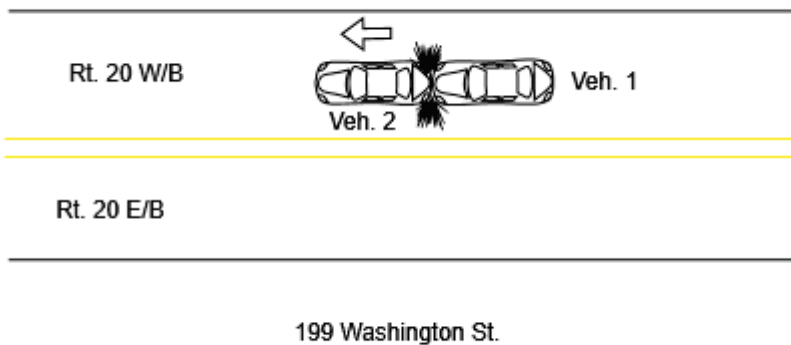
License # S81877623 St MA DOB/Age 05/20/1997	Reg # VT9S12 Reg Type PC Reg State MA
Sex F Lic. Class D ¹⁹ ¹⁹ Lic. Restrictions B ²⁰ CDL _____ Endorsement _____	Veh Year 2015 Veh Make TOYOTA Veh Config. 1 ²¹
Operator VIRUET, RHEINA VICTORIA Last First Middle	Owner ROMERO, JARED ANTHONY Last First Middle
Address 50 GLENDALE CIR	Address 21 WINFIELD ST APT 2
City WARE State MA Zip 01082-1515	City WORCESTER State MA Zip 01610-1014
Insurance Company GEICO GENERAL INSURANCE C	Vehicle Action Prior to Crash 2 ²² Damaged Area Code: 5 ²⁷ ²⁷ ²⁷
Vehicle Travel Direction: N S E X Responding to Emergency? 2	Event Sequence 1 ²³ 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: 2 ³¹ Susp. Drug: 2 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	

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → [1] → [2] → ○ → ○



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

If Incident Arrow



Crash Narrative:

Vehicle one and two were both traveling westbound on Rt. 20 (public way). Vehicle two was stopped in traffic. Vehicle one failed to slow in time, as a result vehicle one rear ended vehicle two.

Vehicle one was towed away. Both operators declined medical attention.

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 Stephen Koopman
Police Officer Name (Please Print)

Signature

80SK
ID/Badge #

Auburn Police Department
Department

Precinct/Barracks

08/07/2023
Date