

Date of Crash **08/30/2023** Time of Crash **1220** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **1** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

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

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

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

Route# **44** Direction _____ Address # **WARREN RD** Name of Roadway/Street _____

_____ Feet **N S E W** of _____ or _____

_____ Feet **N S E W** of _____ Mile Marker _____ Exit Number _____

_____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____

_____ Feet **N S E W** of _____ Landmark _____

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1 11

2

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-293-AC**

3

License # **S39766743** St **MA** DOB/Age **04/26/1960** Reg # **3PYT16** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2021** Veh Make **CHEVROLET** Veh Config. **2 21**

7 12

4

Operator **JONES, TIMOTHY TURNER** Owner **JONES, TIMOTHY TURNER**

Address **20 CARON ST** Address **20 CARON ST**

City **SOUTHBRIDGE** State **MA** Zip **01550-2612** City **SOUTHBRIDGE** State **MA** Zip **01550-2612**

5

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 3 27 27**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **22 23 10 23 10 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **10 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **19 25 9 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **1 33**

10 13

6

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	XXXX	XX	1	0	3	0	0	0	0	XXXX

7

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

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**

8

Operator _____ Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

9

Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**

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

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

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

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

Towed from scene? **33**

1 14

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	XXXX	XX	1							

