

Date of Crash 09/02/2023	Time of Crash 1130 24HR	City/Town Auburn	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 4	Speed Limit <b>40</b>	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# <b>434</b> Direction _____ Address # <b>SOUTHBRIDGE ST</b> 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 _____ or _____ Mile Marker _____ 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 _____
	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

Please Select One of the Following:  Vehicle **13** #Occupants  Hit/Run  Moped **Crash Report ID# 23-296-AC**

License # <b>S16152516</b> St <b>MA</b> DOB/Age <b>10/24/1990</b>	Reg # <b>4XHP99</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL _____ Endorsement _____	Veh Year <b>2004</b> Veh Make <b>SUBARU</b> Veh Config. <b>1</b> <b>21</b>
Operator <b>ROMERO, GEORGE</b> Last First Middle	Owner <b>GUTIERREZ, JESUS MELVIN</b> Last First Middle
Address <b>23 SEYMOUR ST APT 3</b>	Address <b>16 CATHARINE ST APT 2L</b>
City <b>WORCESTER</b> State <b>MA</b> Zip <b>01610-2852</b>	City <b>WORCESTER</b> State <b>MA</b> Zip <b>01605-2740</b>
Insurance Company <b>GOVERNMENT EMPLOYEES INSU</b>	Vehicle Action Prior to Crash <b>2</b> <b>22</b> Damaged Area Code: <b>4</b> <b>27</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Towed from scene? <b>2</b> <b>33</b>

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
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
<b>DOLORES ZULETA</b>	<b>23 SEYMOUR ST WORCESTER, MA 01610-2852</b>	<b>04/04/1980</b>	<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

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

License # <b>S91409558</b> St <b>MA</b> DOB/Age <b>01/05/1943</b>	Reg # <b>2RM663</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL _____ Endorsement _____	Veh Year <b>2017</b> Veh Make <b>FORD</b> Veh Config. <b>1</b> <b>21</b>
Operator <b>STRONG, STEPHEN G</b> Last First Middle	Owner <b>STRONG, STEPHEN G</b> Last First Middle
Address <b>275 PAKACHOAG ST APT 80</b>	Address <b>275 PAKACHOAG ST APT 80</b>
City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-2555</b>	City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-2555</b>
Insurance Company <b>THE COMMERCE INSURANCE CO</b>	Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>2</b> <b>27</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>19</b> <b>25</b> <b>5</b> <b>25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>99</b> <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Towed from scene? <b>2</b> <b>33</b>

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
<b>Operator/Non-Motorist</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<input checked="" type="checkbox"/>	<b>1</b>	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

