

Date of Crash **09/06/2023** Time of Crash **1203** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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# **26** Direction _____ Address # **MILL ST** Name of Roadway/Street _____
 Feet **N S E W** of _____ or _____
 Mile Marker _____ Exit Number _____
 Feet **N S E W** of _____
 Route# _____ Intersecting Roadway/Street _____
 Feet **N S E W** of _____
 Landmark _____

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped Crash Report ID# **23-302-AC**

License # **R362745071528** St **MD** DOB/Age **07/04/1949** Reg # **8EB7247** Reg Type **PAN** Reg State **MD**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **TOYOTA** Veh Config. **1 21**
 Operator **REUTERSHAN, ROBERT ARTHUR** Owner **REUTERSHAN, ROBERT ARTHUR**
 Address **10714 GREAT ARBOR DR** Address **10714 GREAT ARBOR DR**
 City **POTOMAC** State **MD** Zip **20854** City **POTOMAC** State **MD** Zip **20854**
 Insurance Company **ERIE INS EXCHANGE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 1 27 8 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1 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: **31** Susp. Drug: **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	X	X	1	1	4	0	0	10	1
BARBARA PATERSON	4810 BROMLEY LN RICHMOND, VA 232261233	09/21/1945	F	3	1	3	0	0	10	1	

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

License # **S19193957** St **MA** DOB/Age **06/09/1984** Reg # **39GY60** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2015** Veh Make **VOLKSWAGEN** Veh Config. **1 21**
 Operator **FARINEAU, JESSICA DIANE** Owner **FARINEAU, JAMES M**
 Address **381 PROVIDENCE RD** Address **381 PROVIDENCE RD**
 City **GRAFTON** State **MA** Zip **01519** City **SOUTH GRAFTON** State **MA** Zip **01560-1366**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **6 22** Damaged Area Code: **3 27 27 27**
 Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** Event Sequence **1 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 **4 25 25** BAC Test Result: **30**
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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	X	X	1	1	4	0	0	1	

