

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **09/08/2023** Time of Crash **2157** City/Town **Auburn**

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0** Speed Limit **5** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 90 Direction _____ Address # AUBURN ST Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ Mile Marker _____ or _____ 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 **10** #Occupants Hit/Run Moped **Crash Report ID# 23-303-AC**

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Operator Driverless M.V. Address _____ City _____ State _____ Zip _____ Insurance Company NORFOLK & DEDHAM MUTUAL F	Reg # 2FGS27 Reg Type PC Reg State MA Veh Year 2017 Veh Make AUDI Veh Config. 1 Owner SULLIVAN, RYAN PATRICK Address 4 WESTWOOD DR City AUBURN State MA Zip 01501-1226 Vehicle Action Prior to Crash 11 22 Event Sequence 1 23 23 23 23 Most Harmful Event 2 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26	Damaged Area Code: 1 27 2 27 8 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33
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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	_____	_____	1	0	4	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 # S57349741 St MA DOB/Age 04/18/1997 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator BANKIT, RYAN G Address 14 WARNER AVE APT 2 City WORCESTER State MA Zip 01604-3128 Insurance Company THE COMMERCE INSURANCE CO	Reg # VT794S Reg Type PC Reg State MA Veh Year 2019 Veh Make TOYOTA Veh Config. 1 Owner BANKIT, GREGORY Address 14 WARNER AVE APT 2 City WORCESTER State MA Zip 01604-3128 Vehicle Action Prior to Crash 4 22 Event Sequence 1 23 23 23 23 Most Harmful Event 2 24 Driver Contributing Code 12 25 25 Driver Distracted by 0 26	Damaged Area Code: 0 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33
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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	_____	_____	1	1	4	0	0	10	1	

