

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 09/19/2023	Time of Crash 1512 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 11 Direction _____ Address # _____ Name of Roadway/Street SOUTHBRIDGE ST
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 _____ Mile Marker _____ or _____ 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 **1** #Occupants Hit/Run Moped **Crash Report ID# 23-314-AC**

License # S65616935 St MA DOB/Age 01/19/1984	Reg # T86852 Reg Type CO Reg State MA
Sex M Lic. Class A 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2019 Veh Make International Veh Config. 6 21
Operator SKERRETT, MILTON Last First Middle	Owner F W WEBB CO Last First Middle
Address 14 PEARL ST APT 1	Address 160 MIDDLESEX TPKE
City WEBSTER State MA Zip 01570-2495	City BEDFORD State MA Zip 01730-1416
Insurance Company TRAVELERS PROPERTY CASUAL	Vehicle Action Prior to Crash 3 22 Damaged Area Code: 0 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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? 2 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	_____	_____	1	1	4	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 # S29383762 St MA DOB/Age 01/16/1967	Reg # 3BAR14 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2013 Veh Make GMC Veh Config. 1 21
Operator DANIELS, FREDRICK Last First Middle	Owner DANIELS, FREDRICK Last First Middle
Address 42 1/2 PARK AVE APT 1	Address 42 1/2 PARK AVE APT 1
City WORCESTER State MA Zip 01609-1756	City WORCESTER State MA Zip 01609-1756
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 9 22 Damaged Area Code: 7 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 9 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? 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	_____	_____	1	1	4	0	0	10	1	

