

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 11/07/2023	Time of Crash 1352 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 10	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# 385 Direction _____ Address # SOUTHBRIDGE ST Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ or _____ Mile Marker _____ 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# 23-372-AC**

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Reg # 1NHT12 Reg Type PAN Reg State MA Veh Year 2016 Veh Make JEEP Veh Config. 1 21
Operator Driverless M.V. Last First Middle	Owner CLEMENT, REGINA E Last First Middle
Address _____ City _____ State _____ Zip _____	Address 103 SOUTHBRIDGE RD City NORTH OXFORD State MA Zip 01537-1224
Insurance Company GOVERNMENT EMPLOYEES INSU	Vehicle Action Prior to Crash 11 22 Damaged Area Code: 6 27 27 27
Vehicle Travel Direction: N S E X Responding to Emergency? 2	Event Sequence 2 23 23 23 23 Test Status: 28
Citation # (If Issued) _____	Most Harmful Event 2 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							

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

License # S93596696 St MA DOB/Age 10/31/1992	Reg # 8HD572 Reg Type PAN Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2016 Veh Make FORD Veh Config. 1 21
Operator ARGYRIADIS, PHOENIX Last First Middle	Owner COOMEY, FOTINI Last First Middle
Address 2 RIDGEWOOD RD	Address 2 RIDGEWOOD RD
City STERLING State MA Zip 01564	City STERLING State MA Zip 01564-2051
Insurance Company SAFECO INSURANCE COMPANY	Vehicle Action Prior to Crash 97 22 Damaged Area Code: 2 27 27 27
Vehicle Travel Direction: N S E X Responding to Emergency? 2	Event Sequence 2 23 23 23 23 Test Status: 28
Citation # (If Issued) _____	Most Harmful Event 2 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 19 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 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	99	4	0	0	10	1	

