

# Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash <b>11/10/2023</b>	Time of Crash <b>0048</b> 24HR	City/Town <b>Auburn</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles <b>2</b>	Number Injured <b>0</b>	Speed Limit <b>25</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>28</b> Direction _____ Address # <b>MANOR RD</b> Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <b>N S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____
	_____ Feet <b>N S E W</b> of _____ Landmark _____

Please Select One of the Following:  Vehicle **10** #Occupants  Hit/Run  Moped  
Crash Report ID# **23-374-AC**

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <b>19 19</b> Lic. Restrictions <b>20</b> CDL _____ Endorsement _____	Reg # <b>14DR74</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2018</b> Veh Make <b>BUICKS</b> Veh Config. <b>1 21</b>
Operator <b>Driverless M.V.</b> Last First Middle Address _____ City _____ State _____ Zip _____	Owner <b>GRADY, JOHN K</b> Last First Middle Address <b>31 MANOR RD</b> City <b>AUBURN</b> State <b>MA</b> Zip <b>01501</b>
Insurance Company <b>USAA GENERAL INDEMNITY CO</b>	Vehicle Action Prior to Crash <b>11 22</b> Damaged Area Code: <b>6 27 7 27 27</b>
Vehicle Travel Direction: <b>N S E X</b> Responding to Emergency? <b>2</b>	Event Sequence <b>97 23 23 23 23</b> Test Status: <b>1 28</b>
Citation # (If Issued) _____	Most Harmful Event <b>2 24</b> Type of Test: <b>99 29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <b>1 30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1 25 25</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
	Driver Distracted by <b>0 26</b> Towed from scene? <b>2 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>XXXXXX</del>	<del>XXXX</del>	<b>1</b>							

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>S14808733</b> St <b>MA</b> DOB/Age <b>08/29/1996</b>	Reg # <b>3DVH61</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D 19 19</b> Lic. Restrictions <b>99 20</b> CDL _____ Endorsement _____	Veh Year <b>2020</b> Veh Make <b>HONDA</b> Veh Config. <b>1 21</b>
Operator <b>NGUYEN, CRYSTAL X</b> Last First Middle Address <b>18 ASHMONT AVE APT 1</b>	Owner <b>NGUYEN, CRYSTAL X</b> Last First Middle Address <b>18 ASHMONT AVE APT 1</b>
City <b>WORCESTER</b> State <b>MA</b> Zip <b>01610-2992</b>	City <b>WORCESTER</b> State <b>MA</b> Zip <b>01610-2992</b>
Insurance Company <b>ARBELLA MUTUAL INSURANCE</b>	Vehicle Action Prior to Crash <b>1 22</b> Damaged Area Code: <b>2 27 3 27 27</b>
Vehicle Travel Direction: <b>N S E X</b> Responding to Emergency? <b>2</b>	Event Sequence <b>2 23 23 23 23</b> Test Status: <b>3 28</b>
Citation # (If Issued) <b>275006AC</b>	Most Harmful Event <b>2 24</b> Type of Test: <b>2 29</b>
Viol. 1: Ch/Sec/Sub <b>90 24J</b> Viol. 2: Ch/Sec/Sub <b>90 24E</b>	BAC Test Result: <b>5 30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>10 25 97 25</b> Susp. Alcohol: <b>1 31</b> Susp. Drug: <b>2 32</b>
	Driver Distracted by <b>5 26</b> Towed from scene? <b>1 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>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

