

Date of Crash 11/26/2023	Time of Crash 1810 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# 541 Direction _____ Address # SOUTHBRIDGE ST Name of Roadway/Street _____
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# 23-404-AC**

License # 30002871 St RI DOB/Age 12/30/1985 Reg # GI292 Reg Type PC Reg State RI	Veh Year 2024 Veh Make BMW Veh Config. 1
Sex U Lic. Class D Lic. Restrictions 20 CDL Endorsement _____	Owner MENARD, YEXI S
Operator MENARD, YEXI S	Address 299 STAGHEAD DR
Address 299 STAGHEAD DR	City PASCOAG State RI Zip 02859
City PASCOAG State RI Zip 02859	Insurance Company NLC
Vehicle Action Prior to Crash 2	Damaged Area Code: 5
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 23 23 23 23
Citation # (If Issued) _____	Most Harmful Event 1 24
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26
	Susp. Alcohol: 2 31 Susp. Drug: 2 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 # S61566506 St MA DOB/Age 12/13/2001 Reg # 3STV77 Reg Type PC Reg State MA	Veh Year 2011 Veh Make JEEP Veh Config. 1
Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement _____	Owner MAC ISAAC, HUGH JOHN
Operator MACISAAC, GAVIN THOMAS	Address 884 SHIRLEY ST
Address 884 SHIRLEY ST	City WINTHROP State MA Zip 02152-2518
City WINTHROP State MA Zip 02152-2518	Insurance Company GEICO GENERAL INSURANCE C
Vehicle Action Prior to Crash 2	Damaged Area Code: 0
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 23 23 23 23
Citation # (If Issued) _____	Most Harmful Event 1 24
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26
	Susp. Alcohol: 2 31 Susp. Drug: 2 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	
MIA NORRIS	53 PEBBLE AVE WINTHROP, MA 02152-1441	02/02/2005	F	3	1	4	0	0	10	1	

