

Date of Crash 12/01/2023	Time of Crash 2033 24HR	City/Town Auburn	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 1	Number Injured 0	Speed Limit <u>30</u>	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
				Latitude _____	Longitude _____						

**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

<b>ROCHDALE ST</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____ <b>BRIDGE ST</b> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ _____ 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 _____			
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Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped **Crash Report ID# 23-411-AC**

License # <b>S47985996</b> St <b>MA</b> DOB/Age <b>07/22/1962</b>	Reg # <b>9FD595</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>A M</b> Lic. Restrictions <b>B</b> CDL _____	Veh Year <b>2013</b> Veh Make <b>CHEVROLET</b> Veh Config. <b>1</b>
Operator <b>STGERMAIN, JAMES L</b>	Owner <b>STGERMAIN, JAMES L</b>
Address <b>2A BUTEAU RD</b>	Address <b>2A BUTEAU RD</b>
City <b>SPENCER</b> State <b>MA</b> Zip <b>01562-3134</b>	City <b>SPENCER</b> State <b>MA</b> Zip <b>01562-3134</b>
Insurance Company <b>PLYMOUTH ROCK ASSURANCE C</b>	Vehicle Action Prior to Crash <b>1</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Damaged Area Code: <b>7 27 3 27 27</b>
Citation # (If Issued) <b>316054AC</b>	Event Sequence <b>24 23 23 23 23</b>
Viol. 1: Ch/Sec/Sub <b>90 24J</b> Viol. 2: Ch/Sec/Sub <b>90 24 (2)</b>	Test Status: <b>2 28</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: <b>2 29</b>
Driver Contributing Code <b>10 25 25</b>	BAC Test Result: <b>30</b>
Driver Distracted by <b>99 26</b>	Susp. Alcohol: <b>1 31</b> Susp. Drug: <b>2 32</b>
	Towed from scene? <b>1 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>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle 2 Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class <b>A M</b> Lic. Restrictions <b>20</b> CDL _____	Veh Year _____ Veh Make _____ Veh Config. <b>21</b>
Operator _____	Owner _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <b>22</b>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Damaged Area Code: <b>27 27 27</b>
Citation # (If Issued) _____	Event Sequence <b>23 23 23 23</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: <b>28</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: <b>29</b>
Driver Contributing Code <b>25 25</b>	BAC Test Result: <b>30</b>
Driver Distracted by <b>26</b>	Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Towed from scene? <b>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>							

