

Date of Crash 12/08/2023	Time of Crash 1033 24HR	City/Town Auburn	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 2	Speed Limit <b>40</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:**

<b>WASHINGTON ST</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____ <b>APPLETON RD</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 <b>N S E W</b> of _____ • _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <b>N S E W</b> of _____ _____ Landmark _____	
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Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped **Crash Report ID# 23-419-AC**

License # <b>S27136207</b> St <b>MA</b> DOB/Age <b>06/30/1983</b>	Reg # <b>V57850</b> Reg Type <b>CON</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D 19 19</b> Lic. Restrictions <b>20</b> CDL _____	Veh Year <b>2020</b> Veh Make <b>RAM</b> Veh Config. <b>1 21</b>
Operator <b>KNISKERN, BRIAN E</b>	Owner <b>KNISKERN, BRIAN E</b>
Address <b>3 VERDI RD</b>	Address <b>3 VERDI RD</b>
City <b>WORCESTER</b> State <b>MA</b> Zip <b>01604-0000</b>	City <b>WORCESTER</b> State <b>MA</b> Zip <b>01604-0000</b>
Insurance Company <b>SAFETY INSURANCE COMPANY</b>	Vehicle Action Prior to Crash <b>1 22</b> Damaged Area Code: <b>8 27 7 27 27</b>
Vehicle Travel Direction: <b>N S E X</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1 24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>1 25 25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</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>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</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 # <b>S24442276</b> St <b>MA</b> DOB/Age <b>02/02/1978</b>	Reg # <b>1BAG28</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D 19 19</b> Lic. Restrictions <b>20</b> CDL _____	Veh Year <b>2014</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1 21</b>
Operator <b>AUGUSTIN, WINSON</b>	Owner <b>MAHOTIERE AUGUSTIN, GUERLINE</b>
Address <b>17 BLANCHARD DR</b>	Address <b>17 BLANCHARD DR</b>
City <b>SOUTHBRIDGE</b> State <b>MA</b> Zip <b>01550-1603</b>	City <b>SOUTHBRIDGE</b> State <b>MA</b> Zip <b>01550-1603</b>
Insurance Company <b>FARM FAMILY CASUALTY INSU</b>	Vehicle Action Prior to Crash <b>1 22</b> Damaged Area Code: <b>3 27 27 27</b>
Vehicle Travel Direction: <b>N S E X</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1 24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>19 25 9 25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>99 26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Towed from scene? <b>2 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>4</b>	<b>0</b>	<b>0</b>	<b>1</b>		

