

Date of Crash 04/07/2024	Time of Crash 1539 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 45	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# _____ Direction _____ Address # _____ 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 _____		
			Landmark _____		

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **24-107-AC**

License # S18848730 St MA DOB/Age 12/06/1976	Reg # 9210555 Reg Type _____ Reg State MA
Sex M Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Endorsement _____	Veh Year _____ Veh Make _____ Veh Config. 2 <input type="checkbox"/> 21
Operator LITTLE, DAVID J Last First Middle	Owner USPS Last First Middle
Address 42 SAINT JOHN ST	Address 25 DORCHESTER AVE
City NORTH BROOKFIELD State MA Zip 01535	City BOSTON State MA Zip 02210
Insurance Company U.S POSTAL SERVICE	Vehicle Action Prior to Crash 1 <input type="checkbox"/> 22
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 8 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) _____	Event Sequence 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event 1 <input type="checkbox"/> 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 99 <input type="checkbox"/> 25 <input type="checkbox"/> 25
	Driver Distracted by 99 <input type="checkbox"/> 26 <input type="checkbox"/> 26
	Susp. Alcohol: 31 Susp. Drug: 32
	Towed from scene? 2 <input type="checkbox"/> 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	XXXXXX	M	1	99	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # S72556013 St MA DOB/Age 12/18/1987	Reg # MFC921 Reg Type MVN Reg State MA
Sex M Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Endorsement _____	Veh Year 2021 Veh Make FORD Veh Config. 97 <input type="checkbox"/> 21
Operator RICCARDO, ANTHONY GERALD III Last First Middle	Owner AUBURN TOWN OF FIRE DEPT Last First Middle
Address 78 UPLAND ST APT B	Address 47 AUBURN ST
City WORCESTER State MA Zip 01607-1628	City AUBURN State MA Zip 01501
Insurance Company SELF INSURED	Vehicle Action Prior to Crash 1 <input type="checkbox"/> 22
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 8 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) _____	Event Sequence 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event 1 <input type="checkbox"/> 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25
	Driver Distracted by 0 <input type="checkbox"/> 26 <input type="checkbox"/> 26
	Susp. Alcohol: 31 Susp. Drug: 32
	Towed from scene? 2 <input type="checkbox"/> 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/Occupants	See Above	XXXXXX	M	1	1	4	0	0	10	1	
MATTHEW HALL	11 WOODS RD BARRE, MA 01005-9198	07/14/1997	M	3	1	4	0	0	10	1	

