

Date of Crash 01/08/2024	Time of Crash 1300 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 3	Speed Limit 40	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:

GOULDING DR Route# _____ Direction _____ Name of Roadway/Street _____ At _____ SOUTHBRIDGE ST 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 N S E W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet N S E W of _____ _____ Landmark _____	
---	--	--	--

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 24-11-AC**

License # S33991781 St MA DOB/Age 09/04/1956	Reg # 8VV255 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2015 Veh Make NISSAN Veh Config. 1 21
Operator PISCOPO, ARMAND MICHAEL Last First Middle	Owner PISCOPO, ARMAND MICHAEL Last First Middle
Address 100 CHARLTON RD	Address 100 CHARLTON RD
City DUDLEY State MA Zip 01571-5862	City DUDLEY State MA Zip 01571-5862
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 1 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2	Event Sequence 1 23 23 23 23 Test Status: 28
Citation # (If Issued) _____	Most Harmful Event 1 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32
	Towed from scene? 1 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	XXXX	1	0	3	0	0	0	0	XXXXXXXXXX

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

License # S32866535 St MA DOB/Age 10/23/1999	Reg # 24MW94 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2012 Veh Make GMC Veh Config. 1 21
Operator ALMEIDA, RYAN S Last First Middle	Owner ALMEIDA, EDELSON BRAGA Last First Middle
Address 11 RED OAK ST	Address 11 RED OAK ST
City PAXTON State MA Zip 01612-1267	City PAXTON State MA Zip 01612-1267
Insurance Company PLYMOUTH ROCK ASSURANCE C	Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 1 27 27
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E W Responding to Emergency? 2	Event Sequence 1 23 23 23 23 Test Status: 28
Citation # (If Issued) _____	Most Harmful Event 1 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 4 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 4 26 Susp. Alcohol: 31 Susp. Drug: 32
	Towed from scene? 1 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	XXXXXX	XXXX	1	1	1	0	0	0	1	
AUTUMN LYNCH	***UNKNOWN*** SOUTHBRIDGE, MA 01612	12/12/2000	F	3	1	1	0	0	0	1	

