

# Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash <b>04/24/2024</b>	Time of Crash <b>1444</b> 24HR	City/Town <b>Auburn</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles <b>2</b>	Number Injured <b>3</b>	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:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	<b>20 W 809 WASHINGTON ST</b> Route# Direction Address # Name of Roadway/Street
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <b>N S E W</b> of _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> 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# **24-122-AC**

License # <b>129826735</b> St <b>CT</b> DOB/Age <b>12/03/1993</b>	Reg # <b>BG62411</b> Reg Type <b>PAN</b> Reg State <b>CT</b>
Sex <b>M</b> Lic. Class <b>D 19 19</b> Lic. Restrictions <b>1 20</b> CDL _____	Veh Year <b>2015</b> Veh Make <b>CHEVROLET</b> Veh Config. <b>2 21</b>
Operator <b>CURTIS, STEVEN LEE</b> Last First Middle	Owner <b>CURTIS, STEVEN LEE</b> Last First Middle
Address <b>48 PO BOX 374 RD</b>	Address <b>48 PO BOX 374 RD</b>
City <b>QUINEBAUG</b> State <b>CT</b> Zip <b>06262</b>	City <b>QUINEBAUG</b> State <b>CT</b> Zip <b>06262</b>
Insurance Company <b>Progressive Direct Insura</b>	Vehicle Action Prior to Crash <b>1 22</b> Damaged Area Code: <b>1 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>1 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>4 25 5 25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>99 26 26</b> Susp. Alcohol: <b>2 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>M</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>■</b>	<b>1</b>	

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

License # <b>S84357065</b> St <b>MA</b> DOB/Age <b>05/10/1987</b>	Reg # <b>1NHZ71</b> Reg Type <b>PAN</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D 19 19</b> Lic. Restrictions <b>B 20</b> CDL _____	Veh Year <b>1995</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1 21</b>
Operator <b>LAM, HAI HUN</b> Last First Middle	Owner <b>SALINAS-VENTURA, MEIRY ALY</b> Last First Middle
Address <b>16 WELLS ST APT 1L</b>	Address <b>21 JUDITH AVE</b>
City <b>WORCESTER</b> State <b>MA</b> Zip <b>01604-1717</b>	City <b>SOUTHBRIDGE</b> State <b>MA</b> Zip <b>01550-2331</b>
Insurance Company <b>SAFECO INSURANCE COMPANY</b>	Vehicle Action Prior to Crash <b>2 22</b> Damaged Area Code: <b>5 27 11 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>1 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 26</b> Susp. Alcohol: <b>2 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/Occupants</b>	See Above	<del>XXXXXX</del>	<del>M</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>■</b>	<b>■</b>	
<b>INNER VENTURA</b>	<b>21 JUDITH AVE SOUTHBRIDGE, MA 01550-2331</b>	<b>04/26/1988</b>	<b>M</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>■</b>	<b>■</b>	

