

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 01/10/2024	Time of Crash 1144 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 15	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"/>
------------------------------------	--------------------------------------	----------------------------	--	-----------------------------	----------------------------	-----------------------	---------------------------------------	--	--------------------------------------	--	---------------------------------

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# 4 Direction _____ Address # _____ Name of Roadway/Street BROTHERTON WAY			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				_____ Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				_____ 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# 24-14-AC**

License # S46228202 St MA DOB/Age 10/19/1937	Reg # 48LT65 Reg Type PAN Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____	Veh Year 2017 Veh Make SUBARU Veh Config. 1
Operator HALL, MARY FRANCES	Owner HALL, MARY FRANCES
Address 53 DAVIS RD	Address 53 DAVIS RD
City MILLBURY State MA Zip 01527-1012	City MILLBURY State MA Zip 01527-1012
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 11 22 Damaged Area Code: 2 27 27 27
Vehicle Travel Direction: N S E W Responding to Emergency? 2	Event Sequence 2 23 23 23 23 Test Status: 28
Citation # (If Issued) _____	Most Harmful Event 2 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? 2 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	10	5	0	0	10	1	

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 # unknown Reg Type _____ Reg State _____
Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____	Veh Year _____ Veh Make _____ Veh Config. 21
Operator unknown	Owner _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27
Vehicle Travel Direction: N S E W Responding to Emergency? _____	Event Sequence 23 23 23 23 Test Status: 28
Citation # (If Issued) _____	Most Harmful Event 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32
	Towed from scene? 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							

