

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **01/24/2024** Time of Crash **1515** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **2** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 541 Direction _____ Address # SOUTHBRIDGE ST Name of Roadway/Street _____
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 **12** #Occupants Hit/Run Moped **Crash Report ID# 24-29-AC**

License # **SA3400927** St **MA** DOB/Age **05/13/2003** Reg # **3GTV14** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2000** Veh Make **HONDA** Veh Config. **1**
 Operator **WHITTED-ALLEN, XAVIER DIAMOND** Owner **WHITTED-ALLEN, XAVIER DIAMOND**
 Address **52 HARTLEY ST APT 24** Address **52 HARTLEY ST APT 24**
 City **WEBSTER** State **MA** Zip **01570-1632** City **WEBSTER** State **MA** Zip **01570-1632**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** 27 **2** 27 **27**
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** 23 **23** 23 **23** Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 **25** BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **1** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	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	_____	_____	1	1	1	0	0	10	1	
ANNA WHITTED	52 HARTLEY ST WEBSTER, MA 01570-1661	05/27/1974	F	3	1	1	0	0	1	1	

Please Select One of the Following: Vehicle **22** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S59015233** St **MA** DOB/Age **03/05/1976** Reg # **3YGF68** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2011** Veh Make **GMC** Veh Config. **1**
 Operator **PETERS, MELISSA R** Owner **PETERS, JOSEPH JAMES**
 Address **156 DUDLEY RD** Address **156 DUDLEY RD**
 City **OXFORD** State **MA** Zip **01540-2026** City **OXFORD** State **MA** Zip **01540-2026**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **8** 27 **27** 27
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** 23 **23** 23 **23** Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **4** 25 **19** 25 BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **1** 33

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	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	_____	_____	1	1	1	0	0	1	1	

