

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 01/04/2024	Time of Crash 1829 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 689 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 _____ or _____ Mile Marker _____ 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# 24-5-AC**

License # S33210937 St MA DOB/Age 05/16/1950	Reg # 9WB364 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2018 Veh Make FORD Veh Config. 1 21
Operator HINTLIAN, JOHN LYONS Last First Middle	Owner HINTLIAN, JOHN LYONS Last First Middle
Address 17 EATON AVE	Address 17 EATON AVE
City AUBURN State MA Zip 01501-2501	City AUBURN State MA Zip 01501-2501
Insurance Company THE STANDARD FIRE INSURAN	Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27
Vehicle Travel Direction: N S E W Responding to Emergency? 2	Event Sequence 1 23 23 23 23 Test Status: 1 28
Citation # (If Issued) 374510AC	Most Harmful Event 1 24 Type of Test: 1 29
Viol. 1: Ch/Sec/Sub 90 14B Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 19 25 6 25 BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: 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		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	1	4	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 # S34766236 St MA DOB/Age 06/06/1971	Reg # 4GCD34 Reg Type PAN Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2019 Veh Make NISSAN Veh Config. 1 21
Operator SOBOCINSKI, ALICIA M Last First Middle	Owner SOBOCINSKI, ALICIA M Last First Middle
Address 12 ASHWORTH DR	Address 12 ASHWORTH DR
City NORTH OXFORD State MA Zip 01537-1021	City NORTH OXFORD State MA Zip 01537-1021
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27
Vehicle Travel Direction: N S 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 _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25 BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: 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/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	10	1	
GARY LATUGA	12 NEWTON AVE OXFORD, MA 01540-1230	10/01/1973	M	3	1	1	0	0	10	1	
TARA LATUGA	12 NEWTON AVE OXFORD, MA 01540-0000	02/08/1974	F	1	1	1	0	0	10	1	

