

Date of Crash 02/15/2024	Time of Crash 1947 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 35	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"/>
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AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 51 Direction _____ Address # PINEHURST AVE 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# 24-58-AC**

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

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

License # S22117322 St MA DOB/Age 04/12/1982 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Reg # 321DT3 Reg Type PC Reg State MA Veh Year 2017 Veh Make ACURA Veh Config. 1 21
Operator TRAN, THUY T Last First Middle Address 18 BORDER AVE City MILLBURY State MA Zip 01527-1534 Insurance Company VERMONT MUTUAL INSURANCE	Owner TRAN, THUY T Last First Middle Address 18 BORDER AVE City MILLBURY State MA Zip 01527-1534 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2 Citation # (If Issued) _____	Event Sequence 1 23 23 23 23 Test Status: 28 Type of Test: 29 Most Harmful Event 1 24 BAC Test Result: 30
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 0 26 Towed from scene? 2 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	4	0	0	10	1	

