

Date of Crash **04/01/2024** Time of Crash **1211** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **4** Speed Limit **45** State Police  Local Police  MBTA Police  Campus Police  Other:   
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**1** **1** **2** **10**  
**1** **11**  
**2** **1** **9**  
**3** **1** **12**  
**4** **1** **13**  
**5** **1** **14**  
**6** **1** **15**

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **24-98-AC**

License # **S44983928** St **MA** DOB/Age **03/20/1967** Reg # **CWV1034** Reg Type **PAN** Reg State **AZ**  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Veh Year **2022** Veh Make **NISSAN** Veh Config. **1** **21**  
 Operator **VASSAR, MARK J** Owner **HERTZ CORPORATION**  
 Address **15 ALDEN RD FL APT 1ST** Address **8501 WILLIAMS RD**  
 City **EAST WATERTOWN** State **MA** Zip **02472-4901** City **ESTERO** State **FL** Zip **33928**  
 Insurance Company **HERTZ CORPORATION** 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) \_\_\_\_\_ 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		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>XXXX</del>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<del>XXXXXXXXXX</del>

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

License # **S87257803** St **MA** DOB/Age **06/14/1948** Reg # **42YC77** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Veh Year **2015** Veh Make **JEEP** Veh Config. **1** **21**  
 Operator **ROY, NANCY A** Owner **ROY, ROBERT J**  
 Address **135 KENBERMA RD** Address **135 KENBERMA RD**  
 City **WORCESTER** State **MA** Zip **01604-3953** City **WORCESTER** State **MA** Zip **01604-3953**  
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** 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 \_\_\_\_\_ 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/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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<del>XXXXXXXXXX</del>
<b>PAUL NESLUSAN</b>	<b>338 THOMPSON RD WEBSTER, MA 01570</b>	<b>04/12/1947</b>	<b>M</b>	<b>3</b>	<b>99</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<del>XXXXXXXXXX</del>

