

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **01/03/2023** Time of Crash **0924** City/Town **Auburn**

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0**

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# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street
Route# Direction Name of Roadway/Street
Feet **N S E W** of _____ or _____
Mile Marker Exit Number
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# **23-1-AC**

License # **S25697745** St **MA** DOB/Age **10/27/1979** Reg # **1PFL49** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL Endorsement
Operator **LINDSEY, BRIAN THOMAS** Owner **LINDSEY, BRIAN THOMAS**
Address **31 BEMIS RD** Address **31 BEMIS RD**
City **HUBBARDSTON** State **MA** Zip **01452-1512** City **HUBBARDSTON** State **MA** Zip **01452-1512**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **6 27 27 27**
Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **44 23 1 23 23 23** Test Status: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **22 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	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 # _____ St _____ DOB/Age _____ Reg # **9SJ689** Reg Type **PAN** Reg State **MA**
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement
Operator **Driverless M.V.** Owner **PATEL, ANIL I**
Address _____ Address **4 TANNERY RD**
City _____ State _____ Zip _____ City **FISKDALE** State **MA** Zip **01518-1171**
Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **3 27 27 27**
Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **10 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) _____ Most Harmful Event **10 24** Type of Test: **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? **2 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	XXXXXX	XXXX	1							

