

Date of Crash **05/01/2023** Time of Crash **1706** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **50** 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 \_\_\_\_\_  
 \_\_\_\_\_ 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# **23-141-AC**

License # **S18681442** St **MA** DOB/Age **11/23/1956** Reg # **GS552** Reg Type **MCN** Reg State **MA**  
 Sex **M** Lic. Class **M 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2022** Veh Make **HARLEY-DAVIDSON** Veh Config. **3**  
 Operator **SAMPSON, GARRY S** Owner **SAMPSON, GARRY S**  
 Address **2 FORDHAM DR** Address **2 FORDHAM DR**  
 City **MILFORD** State **MA** Zip **01757-1816** City **MILFORD** State **MA** Zip **01757-1816**  
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **2** Damaged Area Code: **11 27 27 27**  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2 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>5</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **A08016023** St **MA** DOB/Age **10/22/1961** Reg # **1TND61** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2004** Veh Make **CHEVROLET** Veh Config. **1**  
 Operator **CHEVALIER, RAYMOND W** Owner **CHEVALIER, RAYMOND W**  
 Address **15B UNION ST** Address **15B UNION ST**  
 City **ENFIELD** State **CT** Zip **06082** City **ENFIELD** State **CT** Zip **06082**  
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 4 27 27**  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99 25 25** BAC Test Result: **30**  
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 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ 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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Date of Crash 05/01/2023 Time of Crash 1706 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0

Speed Limit 50 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

Route# Direction Address # Name of Roadway/Street WASHINGTON ST Feet N S E W of Mile Marker Exit Number

Please Select One of the Following: [X] Vehicle 31 #Occupants [ ] Hit/Run [ ] Moped Crash Report ID# 23-141-AC

License # SA5660835 St MA DOB/Age 09/29/2004 Reg # 83G540 Reg Type PC Reg State MA Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator CARR, COBY RICHARD Owner CARR, CRYSTAL B Address 49 S STURBRIDGE RD APT 1B City CHARLTON State MA Zip 01507-1927

Table with columns: 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 row: See Above, 1, 1, 4, 0, 0, 10, 1

Please Select One of the Following: [ ] Vehicle 4 #Occupants [ ] Non-Motorist A Type 15 Action 16 Location 17 Condition 18 [ ] Hit/Run [ ] Moped

License # St DOB/Age Reg # Reg Type Reg State Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator Owner Address City State Zip Insurance Company Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Table with columns: 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 row: See Above, 1

