

Date of Crash **05/03/2023** Time of Crash **0906** 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:

WASHINGTON ST
 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 _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 23-145-AC**

License # **S45706520** St **MA** DOB/Age **06/05/2001** Reg # **T54091** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2013** Veh Make **FORD** Veh Config. **2**
 Operator **SZYMANSKI, KEVIN THOMAS** Owner **DRAYTON DISTRUBUTORS INC**
 Address **196 CRANBROOK DR** Address **66 LEAVITT ST**
 City **HOLDEN** State **MA** Zip **01520** City **SEEKONK** State **MA** Zip **02771**
 Insurance Company **SELECTIVE INSURANCE OF AM** Vehicle Action Prior to Crash **1** Damaged Area Code: **1**
 Vehicle Travel Direction: **N E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**
 Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **4** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**
 Towed from scene? **1**

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 # **S28574955** St **MA** DOB/Age **01/26/1953** Reg # **SB46344** Reg Type **SB** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2019** Veh Make **International** Veh Config. **4**
 Operator **SABOURIN, PAUL R** Owner **A A TRANSPORTATION CO INC**
 Address **77 ALDEN AVE** Address **605 HARTFORD TPKE**
 City **NORTH DARTMOUTH** State **MA** Zip **02747-2320** City **SHREWSBURY** State **MA** Zip **01545-4103**
 Insurance Company **NATIONAL INTERSTATE INSUR** Vehicle Action Prior to Crash **1** Damaged Area Code: **2**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**
 Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **99**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**
 Towed from scene? **1**

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	

