

Date of Crash **05/15/2023** Time of Crash **0907** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **45** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

ELM ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
SCHOOL ST
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 _____
Route# _____ Intersecting Roadway/Street _____
Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 23-161-AC**

License # **S99561223** St **MA** DOB/Age **08/09/1984** Reg # **459Z90** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** CDL _____ Veh Year **2020** Veh Make **SUBARU** Veh Config. **1** **21**
Operator **MAURICE, TETYANA POVROZNYK** Owner **MAURICE, TETYANA POVROZNYK**
Address **31 DOLAN RD** Address **31 DOLAN RD**
City **MILLBURY** State **MA** Zip **01527-1304** City **MILLBURY** State **MA** Zip **01527-1304**
Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **8** **27** **27** **27**
Vehicle Travel Direction: 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: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **4** **25** **19** **25** BAC Test Result: **1** **30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99** **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
Operator	See Above	XXXXXXXXXX	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 # **S81236060** St **MA** DOB/Age **12/07/1979** Reg # **T91042** Reg Type **CON** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2020** Veh Make **CHEVROLET** Veh Config. **2** **21**
Operator **PINKERTON, GREGORY ALLAN** Owner **CLIFF CUMMINGS WATER SERVICES LLC**
Address **151 SIMONDS RD** Address **170 BURBANK RD**
City **ASHBY** State **MA** Zip **01431-1820** City **SUTTON** State **MA** Zip **01590-2425**
Insurance Company **ARBELLA PROTECTION INSURA** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **6** **27** **27** **27**
Vehicle Travel Direction: N 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: **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		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	XXXXXXXXXX	XXXX	1	1	4	0	0	10	1	

