

Date of Crash 05/27/2023	Time of Crash 1627 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____		Route# 712 Direction _____ Address # SOUTHBRIDGE ST Name of Roadway/Street _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____		Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____	
		Landmark _____	

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped **Crash Report ID# 23-176-AC**

License # S75535154 St MA DOB/Age 04/06/1970	Reg # 794AB5 Reg Type PC Reg State MA
Sex M Lic. Class D ¹⁹ ¹⁹ Lic. Restrictions 1 ²⁰ CDL _____ Endorsement _____	Veh Year 2010 Veh Make CHEVROLET Veh Config. 1 ²¹
Operator DAWSON, JAMES D Last First Middle	Owner DAWSON, CHRISTINE LOUISE Last First Middle
Address 134 DRESSER HILL RD	Address 134 DRESSER HILL RD
City CHARLTON State MA Zip 01507-5134	City CHARLTON State MA Zip 01507-5134
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 1 ²² Damaged Area Code: 1 ²⁷ 10 ²⁷ 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 ²³ 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 _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: 1 ³⁰ Susp. Alcohol: 2 ³¹ Susp. Drug: 2 ³²
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 1 ²⁵ 25 Towed from scene? 1 ³³
Driver Distracted by 0 ²⁶	

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	04/06/1970	M	1	1	4	0	0	10	1	
CHRISTINE DAWSON	134 DRESSER HILL RD CHARLTON, MA 01507-5134	01/18/1971	F	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **22** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # S47267650 St MA DOB/Age 05/10/1998	Reg # 11WX00 Reg Type PC Reg State MA
Sex M Lic. Class D ¹⁹ ¹⁹ Lic. Restrictions 1 ²⁰ CDL _____ Endorsement _____	Veh Year 2016 Veh Make HYUNDAI Veh Config. 1 ²¹
Operator MURPHY, SHANE THOMAS Last First Middle	Owner ROSSI, KATRINA BELLA Last First Middle
Address 160 LOCKHOUSE RD APT B	Address 160 LOCKHOUSE RD APT B
City WESTFIELD State MA Zip 01085-1236	City WESTFIELD State MA Zip 01085-1236
Insurance Company GOVERNMENT EMPLOYEES INSU	Vehicle Action Prior to Crash 6 ²² Damaged Area Code: 1 ²⁷ 8 ²⁷ 10 ²⁷
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 ²³ 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 _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: 1 ³⁰ Susp. Alcohol: 2 ³¹ Susp. Drug: 2 ³²
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 18 ²⁵ 25 Towed from scene? 2 ³³
Driver Distracted by 0 ²⁶	

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	05/10/1998	M	1	1	4	0	0	10	1	
KATRINA ROSSI	160 LOCKHOUSE RD WESTFIELD, MA 01085-1236	09/27/1999	F	3	1	4	0	0	10	1	

