

Date of Crash **06/12/2023** Time of Crash **1707** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ 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# **1A** Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street **SWANSON RD**

\_\_\_\_\_ 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# **23-197-AC**

License # **S36754817** St **MA** DOB/Age **03/20/1990** Reg # **2YMT51** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2016** Veh Make **BMW** Veh Config. **1 21**

Operator **KUSZEWSKI, MICHAEL THOMAS** Owner **KUSZEWSKI, MICHAEL THOMAS**

Address **36 ARNOLD RD** Address **36 ARNOLD RD**

City **FISKDALE** State **MA** Zip **01518-0000** City **FISKDALE** State **MA** Zip **01518-0000**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **6 27 27 27**

Vehicle Travel Direction:  **S E 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 \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**

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>1</b>	<b>4</b>	<b>0</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 # **037178978** St **CT** DOB/Age **03/01/1981** Reg # **220NBW** Reg Type **PC** Reg State **CT**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2020** Veh Make **SUBARU** Veh Config. **1 21**

Operator **SIPE, COREY** Owner **SIPE, COREY**

Address **11 JACOP DR** Address **11 JACOP DR**

City **UNCASVILLE** State **CT** Zip **06382-1815** City **UNCASVILLE** State **CT** Zip **06382-1815**

Insurance Company **GEICO General Insurance C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 27 27**

Vehicle Travel Direction:  **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**

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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>1</b>		

