

Date of Crash **07/17/2023** Time of Crash **0949** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **50** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

WASHINGTON ST
 Route# _____ Direction _____ Name of Roadway/Street _____
 At _____
TECHNOLOGY DR
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-232-AC**

License # **S10663491** St **MA** DOB/Age **01/01/1966** Reg # **1FMP24** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2015** Veh Make **TOYOTA** Veh Config. **1** **21**
 Operator **OWUSU, FOSTER** Owner **OWUSU, FOSTER**
 Address **27 FROTHINGHAM RD** Address **27 FROTHINGHAM RD**
 City **WORCESTER** State **MA** Zip **01605-1819** City **WORCESTER** State **MA** Zip **01605-1819**
 Insurance Company **LIBERTY MUTUAL PERSONAL I** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **8** **27** **27**
 Vehicle Travel Direction: **N S E X** 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: **1** **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** **25** **5** **25** BAC Test Result: **1** **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: 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	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 # **169638285** St **CT** DOB/Age **04/15/1982** Reg # **V40583** Reg Type **CON** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2019** Veh Make **ISUZU** Veh Config. **6** **21**
 Operator **HAMMOND, THOMAS RICHARD** Owner **ILL TAKE THAT JUNK LLC**
 Address **74 LYON HILL RD** Address **422 MOWER ST**
 City **WOODSTOCK** State **CT** Zip **06281** City **WORCESTER** State **MA** Zip **01602-1013**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **0** **27** **27** **27**
 Vehicle Travel Direction: **N S E X** 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: **1** **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: 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	XXXXXX	XXXX	1	1	4	0	0	10	1	

