

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **07/19/2023** Time of Crash **1350** City/Town **Auburn**

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0**

Speed Limit **10** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 711 Direction _____ Address # SOUTHBRIDGE ST Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____
	_____ Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle **10** #Occupants Hit/Run Moped **Crash Report ID# 23-233-AC**

License # _____ St _____ DOB/Age _____ Reg # **3SWK51** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **HONDA** Veh Config. **1 21**
 Operator **Driverless M.V.** Owner **JESS, MELISSA A**
 Address _____ Address **16 STONE ST**
 City _____ State **MA** Zip **01501-2735**
 Insurance Company **TRUMBULL INSURANCE COMPAN** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **6 27 27 27**
 Vehicle Travel Direction: **N S X 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 _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 3: 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
Operator	See Above	_____	_____	1	0	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S79860938** St **MA** DOB/Age **04/05/1942** Reg # **84FV31** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2014** Veh Make **CHEVROLET** Veh Config. **1 21**
 Operator **ARSENAULT, KATHLEEN A** Owner **ARSENAULT, MARC J**
 Address **98 OXBOW RD** Address **98 OXBOW RD**
 City **CHARLTON** State **MA** Zip **01507-1544** City **CHARLTON** State **MA** Zip **01507-1544**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **2 27 27 27**
 Vehicle Travel Direction: **N S X 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 _____ Driver Contributing Code **19 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **31** Susp. Drug: **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	_____	_____	1	0	4	0	0	10	1	

