

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 01/31/2023	Time of Crash 1052 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
						Latitude _____					
						Longitude _____					

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# <u>2</u> Direction _____ Address # _____ Name of Roadway/Street <u>MURRAY AVE</u>			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet <u>N S E W</u> of _____ of _____ or _____ Mile Marker _____ Exit Number _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet <u>N S E W</u> of _____ of _____ Route# _____ Intersecting Roadway/Street _____			
				Feet <u>N S E W</u> of _____ of _____ Landmark _____			

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
Crash Report ID# **23-25-AC**

License # <u>S98511486</u> St <u>MA</u> DOB/Age <u>12/02/1991</u>	Reg # <u>648VF7</u> Reg Type <u>PAN</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D 19 19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2012</u> Veh Make <u>NISSAN</u> Veh Config. <u>1 21</u>
Operator <u>RISEDEN, TRAVIS R</u> Last First Middle	Owner <u>RISEDEN, TRAVIS R</u> Last First Middle
Address <u>14 THAYER POND DR APT 15</u>	Address <u>14 THAYER POND DR APT 15</u>
City <u>N OXFORD</u> State <u>MA</u> Zip <u>01537-1128</u>	City <u>N OXFORD</u> State <u>MA</u> Zip <u>01537-1128</u>
Insurance Company <u>GARRISON PROPERTY & CASUA</u>	Vehicle Action Prior to Crash <u>1 22</u> Damaged Area Code: <u>2 27 27 27</u>
Vehicle Travel Direction: <u>N X E W</u> Responding to Emergency? <u>2</u>	Event Sequence <u>1 23 23 23 23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1 24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1 25 25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>99 26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>2 33</u>

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	X	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 # <u>S73819982</u> St <u>MA</u> DOB/Age <u>07/27/1939</u>	Reg # <u>256FLO</u> Reg Type <u>PAN</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D 19 19</u> Lic. Restrictions <u>1 20</u> CDL _____ Endorsement _____	Veh Year <u>2014</u> Veh Make <u>NISSAN</u> Veh Config. <u>1 21</u>
Operator <u>HALL, ALFRED ALLEN</u> Last First Middle	Owner <u>HALL, ALFRED ALLEN</u> Last First Middle
Address <u>126 OLD MEETINGHOUSE RD</u>	Address <u>126 OLD MEETINGHOUSE RD</u>
City <u>AUBURN</u> State <u>MA</u> Zip <u>01501-3349</u>	City <u>AUBURN</u> State <u>MA</u> Zip <u>01501-3349</u>
Insurance Company <u>ARBELLA MUTUAL INSURANCE</u>	Vehicle Action Prior to Crash <u>4 22</u> Damaged Area Code: <u>6 27 27 27</u>
Vehicle Travel Direction: <u>N X E W</u> Responding to Emergency? <u>2</u>	Event Sequence <u>1 23 23 23 23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1 24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>6 25 25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>99 26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>2 33</u>

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	X	1	2	4	0	0	10	1	

