

Date of Crash 08/01/2023	Time of Crash 1545 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 69 Direction _____ Address # AUBURN 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 _____ Landmark _____

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped **Crash Report ID# 23-258-AC**

License # S89938857 St MA DOB/Age 07/03/1993	Reg # MFA212 Reg Type DC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2012 Veh Make _____ Veh Config. 97 21
Operator FAIRBANKS, NICHOLAS MICHAEL	Owner TOWN OF AUBURN
Address 6 MONTCLAIR DR	Address 104 CENTRAL ST
City AUBURN State MA Zip 01501-3219	City AUBURN State MA Zip 01501-2310
Insurance Company AMERICAN ALTERNATIVE INSU	Vehicle Action Prior to Crash 4 22 Damaged Area Code: 7 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2	Event Sequence 2 23 23 23 23 Test Status: 28
Citation # (If Issued) _____	Most Harmful Event 2 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
Operator	See Above	08/22/1982	M	3	1	4	0	0	10	1	
WILLIAM OCONNOR	47 AUBURN ST AUBURN, MA 01501	08/22/1982	M	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **20** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____	Reg # 68XR37 Reg Type PC Reg State MA
Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2015 Veh Make HONDA Veh Config. 1 21
Operator Driverless M.V.	Owner TRAN, HUONG HENRY
Address _____	Address 17 SOPHIA DR
City _____ State _____ Zip _____	City WORCESTER State MA Zip 01607-1814
Insurance Company LM GENERAL INSURANCE COMP	Vehicle Action Prior to Crash 11 22 Damaged Area Code: 2 27 1 27 27
Vehicle Travel Direction: <input type="checkbox"/> N S E W Responding to Emergency? _____	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 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	08/22/1982	M	3	1	4	0	0	10	1	

