

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 08/12/2023	Time of Crash 1127 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 611 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 **1** #Occupants Hit/Run Moped **Crash Report ID# 23-270-AC**

License # 069874373 St CT DOB/Age 06/19/1967	Reg # 4THJ18 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2023 Veh Make FORD Veh Config. 1 21
Operator MALONEY, THOMAS Last First Middle	Owner INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKE Last First Middle
Address 19C RTE 197	Address 242 MILL ST
City WOODSTOCK State CT Zip 06281	City WORCESTER State MA Zip 01602-3111
Insurance Company GREEN MOUNTAIN INSURANCE	Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27
Vehicle Travel Direction: N S E X 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
Operator	See Above	_____	_____	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 # S12110320 St MA DOB/Age 01/26/1994	Reg # 1ELH47 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year 2009 Veh Make HONDA Veh Config. 1 21
Operator MCGRAIL, SEAN ANTHONY Last First Middle	Owner MCGRAIL, SEAN ANTHONY Last First Middle
Address 11 BROWN ST APT 2	Address 11 BROWN ST APT 2
City SPENCER State MA Zip 01562-1701	City SPENCER State MA Zip 01562-1701
Insurance Company GEICO GENERAL INSURANCE C	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27
Vehicle Travel Direction: N S E X 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 5 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 32
	Towed from scene? 1 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	1	4	0	0	10	1	

