

# Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash <b>11/17/2023</b>	Time of Crash <b>1321</b> 24HR	City/Town <b>Auburn</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles <b>2</b>	Number Injured <b>0</b>	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# <b>711</b> Direction _____ Address # <b>SOUTHBRIDGE ST</b> Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <b>PARKING LOT OF T J MAXX</b> Landmark _____

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  
Crash Report ID# **23-388-AC**

License # <b>S55197040</b> St <b>MA</b> DOB/Age <b>03/06/1969</b>	Reg # <b>3MHG17</b> Reg Type <b>PAN</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL _____ Endorsement _____	Veh Year <b>2017</b> Veh Make <b>LEXUS</b> Veh Config. <b>1</b> <b>21</b>
Operator <b>ERKOC-MAHASSEL, CHRISTINE MARIE</b> Last First Middle	Owner <b>ERKOC-MAHASSEL, CHRISTINE MARIE</b> Last First Middle
Address <b>24 HILLTOP FARM RD</b>	Address <b>24 HILLTOP FARM RD</b>
City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-3359</b>	City <b>AUBURN</b> State <b>MA</b> Zip <b>01501-3359</b>
Insurance Company <b>ARBELLA MUTUAL INSURANCE</b>	Vehicle Action Prior to Crash <b>10</b> <b>22</b> Damaged Area Code: <b>6</b> <b>27</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Driver Distracted by <b>0</b> <b>26</b> Towed from scene? <b>2</b> <b>33</b>

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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle **2** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # <b>S46818143</b> St <b>MA</b> DOB/Age <b>09/11/1958</b>	Reg # <b>7PL173</b> Reg Type <b>PAN</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL _____ Endorsement _____	Veh Year <b>2017</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> <b>21</b>
Operator <b>SYPPKO, BERNADETTE MARIE</b> Last First Middle	Owner <b>SYPPKO, AARON EDWARD</b> Last First Middle
Address <b>181 BEACH ST</b>	Address <b>181 BEACH ST</b>
City <b>MARLBOROUGH</b> State <b>MA</b> Zip <b>01752-5100</b>	City <b>MARLBOROUGH</b> State <b>MA</b> Zip <b>01752-5100</b>
Insurance Company <b>LM GENERAL INSURANCE COMP</b>	Vehicle Action Prior to Crash <b>10</b> <b>22</b> Damaged Area Code: <b>99</b> <b>27</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Driver Distracted by <b>0</b> <b>26</b> Towed from scene? <b>2</b> <b>33</b>

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>99</b>	<b>99</b>	<b>99</b>	<b>99</b>	<b>99</b>	<b>99</b>	

