

Date of Crash **11/20/2023** Time of Crash **1521** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ At \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_ Also at Intersection with \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# **101** Direction \_\_\_\_\_ Address # **OLD COMMON RD** Name of Roadway/Street \_\_\_\_\_

Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

Feet **N S E W** of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_

Feet **N S E W** of \_\_\_\_\_ Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle **13** #Occupants  Hit/Run  Moped Crash Report ID# **23-393-AC**

License # **S05532020** St **MA** DOB/Age **06/14/1965** Reg # **46789** Reg Type **SB** Reg State **MA**

Sex **F** Lic. Class **B 19 19** Lic. Restrictions **M 20** CDL **P** Endorsement \_\_\_\_\_ Veh Year **2022** Veh Make **International** Veh Config. **4 21**

Operator **BERARD, MARY B** Owner **A A TRANSPORTATION CO INC**

Address **32 SHELBY ST** Address **PO BOX 639**

City **WORCESTER** State **MA** Zip **01605** City **SHREWSBURY** State **MA** Zip **01545**

Insurance Company **NATIONAL INTERSTATE INSUR** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **0 27 27 27**

Vehicle Travel Direction: **N X 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 **18 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	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>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	

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 # **W73375** Reg Type **CO** Reg State **MA**

Sex \_\_\_\_\_ Lic. Class **B 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_ Veh Year **2022** Veh Make **International** Veh Config. **97 21**

Operator **Driverless M.V.** Owner **B AND R TREE SERVICE INC**

Address \_\_\_\_\_ Address **PO BOX 1068**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **CHARLTON CITY** State **MA** Zip **01508**

Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **11 22** Damaged Area Code: **27 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? \_\_\_\_\_ Event Sequence **23 23 23 23** Test Status: **28**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **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? **33**

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	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>X</del>	<b>1</b>							
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	

