

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 12/20/2023	Time of Crash 1837 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# 314 Direction _____ Address # WASHINGTON ST Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ or _____ Mile Marker _____ 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# **23-436-AC**

License # S83169078 St MA DOB/Age 01/20/1990	Reg # 4XEC48 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____ Endorsement _____	Veh Year 2012 Veh Make VOLKSWAGEN Veh Config. 1 21
Operator THAKAR, JOSEPH DEVENDRA Last First Middle	Owner THAKAR, JOSEPH DEVENDRA Last First Middle
Address 6 WOOD ST	Address 6 WOOD ST
City UPTON State MA Zip 01568-1301	City UPTON State MA Zip 01568-1301
Insurance Company PROGRESSIVE DIRECT INSURA	Vehicle Action Prior to Crash 2 22 Damaged Area Code: 6 27 27 27
Vehicle Travel Direction: N S E W 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 99 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 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	XXXXXX	XXXX	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 # S27625558 St MA DOB/Age 09/27/1996	Reg # 2GLB98 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____ Endorsement _____	Veh Year 2017 Veh Make FORD Veh Config. 1 21
Operator SAUCIER, QUINTON MICHAEL Last First Middle	Owner SAUCIER, QUINTON MICHAEL Last First Middle
Address 10 LEONARD AVE	Address 10 LEONARD AVE
City DUDLEY State MA Zip 01571-5956	City DUDLEY State MA Zip 01571-5956
Insurance Company LIBERTY MUTUAL PERSONAL I	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27
Vehicle Travel Direction: N S E W Responding to Emergency? 2	Event Sequence 1 23 23 23 23 Test Status: 1 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 19 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 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	XXXXXX	XXXX	1	1	4	0	0	10	1	

