

Date of Crash 12/22/2023	Time of Crash 1645 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	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:

DAVIS RD Route# _____ Direction _____ Name of Roadway/Street _____ At _____ UPLAND ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ _____ 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 _____ Landmark _____	
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 23-442-AC**

License # S80933755 St MA DOB/Age 07/28/1964	Reg # 5KWB69 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____	Veh Year 2009 Veh Make NISSAN Veh Config. 1 21
Operator COTTER, PAMELA JEAN	Owner COTTER, PAMELA JEAN
Address 623 EDGEBROOK DR	Address 623 EDGEBROOK DR
City BOYLSTON State MA Zip 01505-1738	City BOYLSTON State MA Zip 01505-1738
Insurance Company GEICO GENERAL INSURANCE C	Vehicle Action Prior to Crash 2 22 Damaged Area Code: 8 27 27 27
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> 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 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? 1 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 # S27702958 St MA DOB/Age 07/25/1984	Reg # 4GX248 Reg Type PAN Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____	Veh Year 2016 Veh Make FORD Veh Config. 1 21
Operator ALEXANDROVICH, MATTHEW M	Owner TOWN OF AUBURN POLICE DEPARTMENT
Address 416 OXFORD ST N	Address 416 OXFORD ST N
City AUBURN State MA Zip 01501	City AUBURN State MA Zip 01501
Insurance Company HUB INTERNATIONAL	Vehicle Action Prior to Crash 4 22 Damaged Area Code: 7 27 27 27
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> 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 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/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	

