

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **01/13/2023** Time of Crash **2148** 24HR City/Town **Auburn**

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0** Speed Limit **5** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____		Route# 826 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 **10** #Occupants Hit/Run Moped **Crash Report ID# 23-6-AC**

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Operator Driverless M.V. Address _____ City _____ State _____ Zip _____ Insurance Company VERMONT MUTUAL INSURANCE	Reg # 2RHA37 Reg Type PAN Reg State MA Veh Year 2012 Veh Make CHEVROLET Veh Config. 1 Owner MCDONALD, TRAVIS SCOTT Address 27 MANOR LN City OXFORD State MA Zip 01540-1500 Vehicle Action Prior to Crash 11 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26	Damaged Area Code: 4 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33
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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	XXXX	XX	1							

Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Operator unknown Address _____ City _____ State _____ Zip _____ Insurance Company _____	Reg # unknown Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 21 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 22 Event Sequence 23 23 23 23 Most Harmful Event 24 Driver Contributing Code 25 25 Driver Distracted by 26	Damaged Area Code: 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33
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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	XXXX	XX	1							

