

# Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash <b>01/14/2023</b>	Time of Crash <b>2200</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 <b>40</b>	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
						Latitude _____					
						Longitude _____					

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<b>12 N SOUTHBRIDGE ST</b> Route# Direction Name of Roadway/Street	Route# Direction Address # Name of Roadway/Street
At	Feet <b>N S E W</b> of _____ or _____
<b>PROSPECT ST</b> Route# Direction Name of Intersecting Roadway/Street	Mile Marker Exit Number
Also at Intersection with	Feet <b>N S E W</b> of _____
Route# Direction Name of Intersecting Roadway/Street	Route# Intersecting Roadway/Street
	Landmark

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped **Crash Report ID# 23-8-AC**

License # <b>S30108591</b> St <b>MA</b> DOB/Age <b>10/20/2002</b>	Reg # <b>3TGV94</b> Reg Type <b>PAN</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D 19 19</b> Lic. Restrictions <b>1 20</b> CDL _____	Veh Year <b>2013</b> Veh Make <b>FORD</b> Veh Config. <b>1 21</b>
Operator <b>REMILLARD, EMILY RACHEL</b>	Owner <b>REMILLARD, CARYN C</b>
Address <b>192 MAIN ST</b>	Address <b>130 MILLBURY RD</b>
City <b>MILLBURY</b> State <b>MA</b> Zip <b>01527-2027</b>	City <b>OXFORD</b> State <b>MA</b> Zip <b>01540-1314</b>
Insurance Company <b>GEICO GENERAL INSURANCE C</b>	Vehicle Action Prior to Crash <b>4 22</b> Damaged Area Code: <b>3 27 27 27</b>
Vehicle Travel Direction: <b>N X E W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1 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>4 25 25</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
	Driver Distracted by <b>99 26</b> Towed from scene? <b>1 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>1</b>	<b>2</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

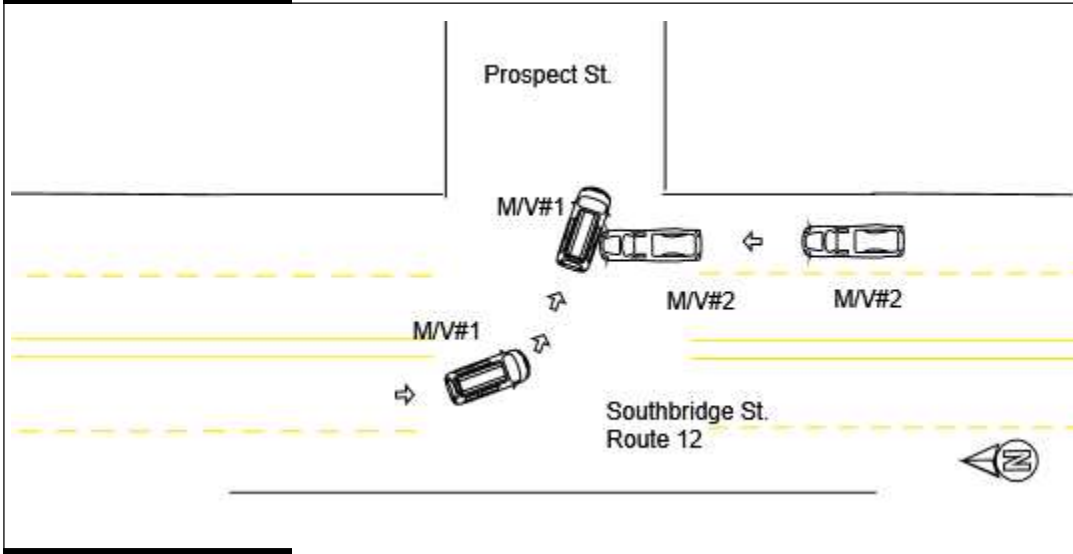
License # <b>S59630307</b> St <b>MA</b> DOB/Age <b>06/20/1960</b>	Reg # <b>VT18489</b> Reg Type <b>PAS</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D M 19 19</b> Lic. Restrictions <b>1 20</b> CDL _____	Veh Year <b>2022</b> Veh Make <b>RAM</b> Veh Config. <b>2 21</b>
Operator <b>VAN DURME, MATTHEW JOHN</b>	Owner <b>VAN DURME, MATTHEW JOHN</b>
Address <b>178 ALANA DR</b>	Address <b>178 ALANA DR</b>
City <b>NORTHBRIDGE</b> State <b>MA</b> Zip <b>01534-1181</b>	City <b>NORTHBRIDGE</b> State <b>MA</b> Zip <b>01534-1181</b>
Insurance Company <b>UNITED SERVICES AUTOMOBIL</b>	Vehicle Action Prior to Crash <b>1 22</b> Damaged Area Code: <b>1 27 27 27</b>
Vehicle Travel Direction: <b>X S E W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1 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 25 25</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
	Driver Distracted by <b>0 26</b> Towed from scene? <b>2 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>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>SUSAN HEALY</b>	<b>3 ADAMS ST WESTBOROUGH, MA 01581-3601</b>	<b>07/04/1961</b>	<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

➔ = Direction    [1] = Vehicle 1    [2] = Vehicle 2    [Person] = Pedestrian    [Bike] = Bicycle

**Crash Diagram:**

ie: ➔ [1]    ➔ [2]    ➔ [Person]    ➔ [Bike]



**If Crash Did Not Occur on a Public Way:**

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Legend: **Arrow**



**Crash Narrative:**

M/V #1 traveling south on Southbridge Street and attempting to make a left turn onto Prospect St. M/V #2 traveling north on Southbridge Street in the right travel lane. As M/V #2 approached the intersection, M/V #1 turned left in front of M/V #2.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use [42] \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate [43] Cargo Body Type Code [44] GVWR/GCWR [45]

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length [46] \_\_\_\_\_

**Hazmat Information:**

Placard [47] Material 1 digit # [48] Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code [49] \_\_\_\_\_

Patrolman Daniel P Dyson      73DD      Auburn Police Department      01/14/2023  
Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date