

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **01/14/2023** Time of Crash **2335** 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# 6 Direction _____ Address # _____ Name of Roadway/Street CENTER ST
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 **1** #Occupants Hit/Run Moped **Crash Report ID# 23-9-AC**

License # **S66011425** St **MA** DOB/Age **03/20/1962** Reg # **M86635** Reg Type **DC** Reg State **MA**
 Sex **M** Lic. Class **A 19 19** Lic. Restrictions **1 20** CDL Endorsement _____ Veh Year **2014** Veh Make **Truck** Veh Config. **6 21**
 Operator **FAIRBANKS, KEVIN MARK** Owner **AUBURN TOWN OF HIGHWAY DEPT**
 Address **96 TOWTAID ST** Address **5 MILLBURY ST**
 City **CHERRY VALLEY** State **MA** Zip **01611-3231** City **AUBURN** State **MA** Zip **01501-3368**
 Insurance Company **NATIONAL UNION FIRE INSUR** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **0 27 27 27**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **18 25 25** BAC Test Result: **1 30**
 Viol. 3: 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		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 # _____ St _____ DOB/Age _____ Reg # **1ZEF74** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **A 19 19** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2017** Veh Make **NISSAN** Veh Config. **1 21**
 Operator **Driverless M.V.** Owner **ADAR, ERNESTO LUIS**
 Address _____ Address **6 CENTER ST**
 City _____ State _____ Zip _____ City **AUBURN** State **MA** Zip **01501-2606**
 Insurance Company **CITIZENS INSURANCE COMPAN** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **4 27 5 27 6 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 _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
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 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	99	4	0	0	10	1	

