

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 02/21/2024	Time of Crash 1225 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 40	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"/>
------------------------------------	--------------------------------------	----------------------------	--	-----------------------------	----------------------------	-----------------------	---------------------------------------	--	--------------------------------------	--	---------------------------------

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 676 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 _____ 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# **24-62-AC**

License # S85562035 St MA DOB/Age 07/07/1948	Reg # 47CC27 Reg Type PAN Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2020 Veh Make HYUNDAI Veh Config. 1 21
Operator ZUEHL, DARLENE KAYE Last First Middle	Owner ZUEHL, VERLE GENE Last First Middle
Address 354 KELLY RD	Address 354 KELLY RD
City NORTHBRIDGE State MA Zip 01534-1136	City NORTHBRIDGE State MA Zip 01534-1136
Insurance Company QUINCY MUTUAL FIRE INSURA	Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 8 27 1 27
Vehicle Travel Direction: N X 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 4 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 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 # S70413022 St MA DOB/Age 09/04/1982	Reg # 8664XD Reg Type PAN Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2014 Veh Make RAM Veh Config. 2 21
Operator LAUZON, KRISTOPHER JOSEPH Last First Middle	Owner LAUZON, KRISTOPHER JOSEPH Last First Middle
Address 13 JOLICOEUR RD	Address 13 JOLICOEUR RD
City SPENCER State MA Zip 01562-3021	City SPENCER State MA Zip 01562-3021
Insurance Company THE HANOVER INSURANCE COM	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27
Vehicle Travel Direction: N S E X 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 99 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	

