

Date of Crash **05/22/2026** Time of Crash **1824** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

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

Route# _____ Direction _____ Name of Roadway/Street _____ At _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# **714** Direction _____ Address # **SOUTHBRIDGE ST** Name of Roadway/Street _____
 _____ Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____
 _____ 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# **26-202-AC**

License # _____ St. _____ DOB/Age _____ Reg # **VT178F** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19 M** Lic. Restrictions **B 20** CDL _____ Endorsement _____ Veh Year **2017** Veh Make **CHEVROLET** Veh Config. **1 21**
 Operator **BROTHERTON, MICHAEL PAUL** Owner **BROTHERTON, MICHAEL PAUL**
 Address **12 WINCHESTER AVE** Address **12 WINCHESTER AVE**
 City **AUBURN** State **MA** Zip **01501-2912** City **AUBURN** State **MA** Zip **01501-2912**
 Insurance Company **USAA CASUALTY INSURANCE C** Vehicle Action Prior to Crash **3 22** Damaged Area Code: **0 27 27 27**
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **4 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **4 24** Type of Test: **0 29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **18 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

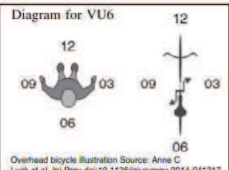
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	X	1	1	4	0	0	10	1

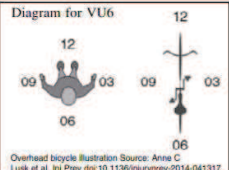
Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

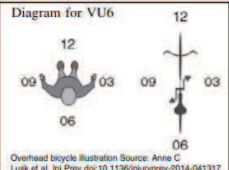
License # _____ St. _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **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/Occupants		See Above	X	X	1						

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User		Type <input style="width: 40px;" type="text" value="9 VU1"/>	Action <input style="width: 40px;" type="text" value="2 VU2"/>	Location <input style="width: 40px;" type="text" value="4 VU3"/>																		
VU: _____ <small style="display: flex; justify-content: space-between; font-size: 8px;">Last First Middle</small>		Address _____ City _____ State _____ Zip _____		Primary Injury Area: <input style="width: 40px;" type="text" value="4 VU7"/>																		
License # _____ St _____ DOB/Age _____		Event Sequence <input style="width: 40px;" type="text" value="1 VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/>		Test Status: <input style="width: 40px;" type="text" value="1 VU11"/>																		
Traffic Control Device <input style="width: 40px;" type="text" value="0 VU4"/>		Contributing Code <input style="width: 40px;" type="text" value="15 VU9"/> <input style="width: 40px;" type="text" value="VU9"/>		Type of Test: <input style="width: 40px;" type="text" value="0 VU12"/>																		
Origin/Destination <input style="width: 40px;" type="text" value="2 VU5"/>		Distracted by <input style="width: 40px;" type="text" value="99 VU10"/> <input style="width: 40px;" type="text" value="VU10"/>		BAC Test Result: <input style="width: 40px;" type="text" value="1 VU13"/>																		
Contact Point: <input style="width: 40px;" type="text" value="12 VU6"/>		Susp. Alcohol: <input style="width: 40px;" type="text" value="2 VU14"/>		Susp. Drug: <input style="width: 40px;" type="text" value="2 VU15"/>																		
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