

Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash **09/09/2022** Time of Crash **0612** City/Town **Auburn**  
 24HR

## Motor Vehicle Crash Police Report

Number Vehicles **1** Number Injured **0** Speed Limit **35**  
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 State Police  Local Police   
 MBTA Police  Campus Police   
 Other

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

**OXFORD STREET NO**  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
 At \_\_\_\_\_  
**BERLIN ST**  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Also at Intersection with \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
 Feet **N S E W** of \_\_\_\_\_ 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# **22-288-AC**

License # **S40562720** St **MA** DOB/Age **09/29/1951**  
 Sex **F** Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_  
 Endorsement \_\_\_\_\_  
 Operator **JEWELL, CATHY**  
 Last First Middle  
 Address **31 MARILYN DR**  
 City **AUBURN** State **MA** Zip **01501-3422**

Reg # **1PWC19** Reg Type **PAN** Reg State **MA**  
 Veh Year **2018** Veh Make **SUBARU** Veh Config **1 21**  
 Owner **JEWELL, GEORGE S**  
 Last First Middle  
 Address **31 MARILYN DR**  
 City **AUBURN** State **MA** Zip **01501-3422**

Insurance Company **MAIN STREET AMERICA PROTE**  
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2**  
 Citation # (If Issued) \_\_\_\_\_  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Vehicle Action Prior to Crash **1 22** Damaged Area Code **3 27 27 27**  
 Event Sequence **21 23 23 23 23** Test Status: **28**  
 Most Harmful Event **21 24** Type of Test: **29**  
 Driver Contributing Code **1 25 25** BAC Test Result: **30**  
 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</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 # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_  
 Endorsement \_\_\_\_\_  
 Operator \_\_\_\_\_  
 Last First Middle  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config **21**  
 Owner \_\_\_\_\_  
 Last First Middle  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? \_\_\_\_\_  
 Citation # (If Issued) \_\_\_\_\_  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**  
 Event Sequence **23 23 23 23** Test Status: **28**  
 Most Harmful Event **24** Type of Test: **29**  
 Driver Contributing Code **25 25** BAC Test Result: **30**  
 Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**  
 Towed from scene? **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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>							

