

Date of Crash **09/11/2022** Time of Crash **1737** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# 793 Direction _____ Address # SOUTHBRIDGE ST Name of Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **22-291-AC**

<p>License # S58113633 St MA DOB/Age 09/21/1977</p> <p>Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement 20</p> <p>Operator TAMBURRI, STEVEN MICHAEL</p> <p>Address 12 GAY RD</p> <p>City BROOKFIELD State MA Zip 01506-1821</p> <p>Insurance Company AMICA MUTUAL INSURANCE CO</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 3PDT60 Reg Type PC Reg State MA</p> <p>Veh Year 2013 Veh Make FORD Veh Config. 1</p> <p>Owner TAMBURRI, STEVEN MICHAEL</p> <p>Address 12 GAY RD</p> <p>City BROOKFIELD State MA Zip 01506-1821</p> <p>Vehicle Action Prior to Crash 1 Damaged Area Code 7 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status 28</p> <p>Most Harmful Event 1 24 Type of Test 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol 31 Susp. Drug 32</p> <p>Towed from scene? 2 33</p>
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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	X	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

<p>License # S13813996 St MA DOB/Age 09/30/1973</p> <p>Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement 20</p> <p>Operator MONROY, MIGUEL ANGEL</p> <p>Address 32 BENEFIT ST APT 3</p> <p>City WORCESTER State MA Zip 01610-1531</p> <p>Insurance Company GOVERNMENT EMPLOYEES INSU</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 456TX4 Reg Type PC Reg State MA</p> <p>Veh Year 2006 Veh Make FORD Veh Config. 1</p> <p>Owner MONROY, MIGUEL ANGEL</p> <p>Address 32 BENEFIT ST APT 3</p> <p>City WORCESTER State MA Zip 01610-1531</p> <p>Vehicle Action Prior to Crash 4 Damaged Area Code 3 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status 28</p> <p>Most Harmful Event 1 24 Type of Test 29</p> <p>Driver Contributing Code 19 25 25 BAC Test Result 30</p> <p>Driver Distracted by 99 26 Susp. Alcohol 31 Susp. Drug 32</p> <p>Towed from scene? 2 33</p>
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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	X	1	1	4	0	0	10	1	

