

Police Use Only	Date of Crash 09/17/2022	Time of Crash 0708 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>40</u> Latitude _____ Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other
AT INTERSECTION:			LOCATION	NOT AT INTERSECTION:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____					2 10
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____					2 11
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____					2 11
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____					2 11

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped

Crash Report ID# **22-300-AC**

License # S41710654 St MA DOB/Age 12/17/1939 Sex M Lic. Class D Lic. Restrictions B CDL Endorsement _____ Operator GULLEDGE, THEODORE ANTHONY Address 6212 AVALON WAY City SHREWSBURY State MA Zip 01545-4189 Insurance Company UNITED SERVICES AUTOMOBIL Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> 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 _____	Reg # 8CSN70 Reg Type PC Reg State MA Veh Year 2006 Veh Make LEXUS Veh Config. 1 Owner GULLEDGE, THEODORE ANTHONY Address 6212 AVALON WAY City SHREWSBURY State MA Zip 01545-4189 Vehicle Action Prior to Crash 2 Damaged Area Code: 5 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 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
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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

License # SA7050069 St MA DOB/Age 09/26/1978 Sex U Lic. Class D Lic. Restrictions _____ CDL Endorsement _____ Operator MELLO, HERMERSON PEREIRA Address 3 WYMAN ST City WORCESTER State MA Zip 01610 Insurance Company PERMANENT GENERAL ASSURAN Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> 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 _____	Reg # 1ZLY78 Reg Type PC Reg State MA Veh Year 2008 Veh Make HONDA Veh Config. 1 Owner MELLO, HERMERSON PEREIRA Address 3 WYMAN ST City WORCESTER State MA Zip 01610 Vehicle Action Prior to Crash 1 Damaged Area Code: 1 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 5 25 25 BAC Test Result: 30 Driver Distracted by 99 26 Susp Alcohol 2 31 Susp Drug 2 32 Towed from scene? 2 33
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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	

