

Date of Crash **06/06/2023** Time of Crash **1421** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** 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
ROCHDALE 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 _____ 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# **23-185-AC**

License # **SA0970279** St **MA** DOB/Age **12/30/2002** Reg # **1YMN54** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL Endorsement
Operator **MEOLA, ALISSON ROSE** Owner **MEOLA, ALAN R**
Address **111 MORELAND GREEN DR** Address **111 MORELAND GREEN DR**
City **WORCESTER** State **MA** Zip **01609-1086** City **WORCESTER** State **MA** Zip **01609-1086**
Insurance Company **AMERICAN FAMILY CONNECT P** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 1 27 27**
Vehicle Travel Direction: **S 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 _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 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 # **S98358492** St **MA** DOB/Age **01/07/1954** Reg # **9SJ719** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL Endorsement
Operator **BARBATO, JOHN R** Owner **BARBATO, JEREMY L**
Address **28 STONEVILLE HTS** Address **27 PARTRIDGE HILL RD**
City **AUBURN** State **MA** Zip **01501-1532** City **CHARLTON** State **MA** Zip **01507-1427**
Insurance Company **USAA GENERAL INDEMNITY CO** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **1 27 27 27**
Vehicle Travel Direction: **N** **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 _____ Driver Contributing Code **19 25 4 25** BAC Test Result: **30**
Viol. 3: 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	0	4	0	0	10	1	

