

Date of Crash **07/10/2023** Time of Crash **1248** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **5** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____

2 Route# _____ Direction _____ Name of Roadway/Street _____

3 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

11 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

11 Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 23-226-AC**

License # **S57584778** St **MA** DOB/Age **11/08/1990** Reg # **W57280** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL Endorsement _____ Veh Year **2020** Veh Make **FREIGHTLINER** Veh Config. **97 21**

Operator **MINER, ERIC M** Owner **DEROCHERS TRUCKING AND COURIERS SERVICES LLC**

Address **12 ST APT O** Address **42C MANNING RD**

City **DRACUT** State **MA** Zip **01826-1108** City **BILLERICA** State **MA** Zip **01821-0000**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **0 27 27 27**

Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **22 23 23 23 23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **22 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **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	XXXX	XX	1	99	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 # _____ 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** 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
Operator/Non-Motorist	See Above	XXXX	XX	1							

