

Date of Crash **07/23/2023** Time of Crash **1749** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

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

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

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____

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

Route# **860** Direction _____ Address # **SOUTHBRIDGE ST** Name of Roadway/Street _____

_____ Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____

Route# **0** Direction _____ Name of Intersecting Roadway/Street **ALBERT ST**

_____ Feet **N S E W** of _____

Landmark _____

Please Select One of the Following: Vehicle **13** #Occupants Hit/Run Moped Crash Report ID# **23-240-AC**

License # **SA9530446** St **MA** DOB/Age **05/20/1990** Reg # **2XTH57** Reg Type **PAN** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2010** Veh Make **TOYOTA** Veh Config. **1**

Operator **SIMILIEN, MANOUCHEKA** Owner **SIMILIEN, MANOUCHEKA**

Address **43 VERNON ST APT 1** Address **43 VERNON ST APT 1**

City **WORCESTER** State **MA** Zip **01610-2283** City **WORCESTER** State **MA** Zip **01610-2283**

Insurance Company **FOREMOST PROPERTY AND CAS** Vehicle Action Prior to Crash **2** Damaged Area Code: **5**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**

Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**

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

Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**

Towed from scene? **2**

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	2	██████████
██████████	██████████	██████████	██████████	██████████	██████████	██████████	██████████	██████████	██████████	██████████	██████████
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Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S13974333** St **MA** DOB/Age **05/31/2002** Reg # **2SSN42** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2022** Veh Make **HYUNDAI** Veh Config. **1**

Operator **MELO, BRIAN ALEXANDER** Owner **MELO, BRIAN ALEXANDER**

Address **33 BOND RD** Address **33 BOND RD**

City **CHARLTON** State **MA** Zip **01507-1301** City **CHARLTON** State **MA** Zip **01507-1301**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** Damaged Area Code: **1**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**

Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**

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

Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**

Towed from scene? **2**

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	1	4	0	0	10	1	██████████
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