

Date of Crash **07/27/2023** Time of Crash **1443** 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:

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# **196** Direction _____ Address # **AUBURN ST** 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# **23-249-AC**

License # **S52786824** St **MA** DOB/Age **10/17/1986** Reg # **2FJB13** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2007** Veh Make **FORD** Veh Config. **2 21**

Operator **HICKEY, DANIEL R** Owner **HICKEY, DANIEL R**

Address **8 BRYN MAWR AVE** Address **8 BRYN MAWR AVE**

City **AUBURN** State **MA** Zip **01501-1621** City **AUBURN** State **MA** Zip **01501-1621**

Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **97 22** Damaged Area Code: **8 27 27 27**

Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **3 28**

Citation # (If Issued) **098942AC** Most Harmful Event **2 24** Type of Test: **2 29**

Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **14 25 19 25** BAC Test Result: **5 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **1 31** Susp. Drug: **2 32**

Towed from scene? **3 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	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 # **S92118882** St **MA** DOB/Age **09/30/1968** Reg # **1CF624** Reg Type **PAN** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2010** Veh Make **TOYOTA** Veh Config. **1 21**

Operator **VALENTIN, ELIZABETH** Owner **VALENTIN, ELIZABETH**

Address **8 GOLDTHWAITE RD APT 25** Address **8 GOLDTHWAITE RD APT 25**

City **WORCESTER** State **MA** Zip **01605-1487** City **WORCESTER** State **MA** Zip **01605-1487**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **3 27 27 27**

Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**

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

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 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	99	4	0	0	10	1	

