

Date of Crash **08/11/2023** Time of Crash **2118** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

20 W WASHINGTON ST
Route# Direction Name of Roadway/Street
At
PROSPECT 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# **23-269-AC**

License # **SA4550341** St **MA** DOB/Age **08/12/2003** Reg # **4ED869** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2019** Veh Make **DODGE** Veh Config. **1 21**
 Operator **MESQUITA PINHEIRO, JULIA** Owner **CANDIDADEMASQUIT, ROSALVA CANDIDA**
 Address **38 RAWSON RD** Address **38 RAWSON RD**
 City **WEBSTER** State **MA** Zip **01570** City **WEBSTER** State **MA** Zip **01570-6827**
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **3 22** Damaged Area Code: **2 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) **123691AC** Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub **90 14** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	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 # **S91450873** St **MA** DOB/Age **10/30/1957** Reg # **2GVN61** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2012** Veh Make **FORD** Veh Config. **1 21**
 Operator **ROBINSON, ANDREW L** Owner **ROBINSON, ANDREW L**
 Address **74 CHESTNUT ST APT 2** Address **74 CHESTNUT ST APT 2**
 City **SOUTHBRIDGE** State **MA** Zip **01550-2785** City **SOUTHBRIDGE** State **MA** Zip **01550-2785**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 27 27**
 Vehicle Travel Direction: **N S E** 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**
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Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	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	

