

Date of Crash **08/12/2023** Time of Crash **1156** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **50** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **1** **2** **11**
 Route# Direction **OLD COMMON RD** Name of Roadway/Street
 At
 Route# Direction **WASHINGTON ST** Name of Intersecting Roadway/Street
 Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street
 Feet **N S E W** of _____ of _____ or _____ Mile Marker Exit Number
 Feet **N S E W** of _____ of _____ Route# Intersecting Roadway/Street
 Feet **N S E W** of _____ of _____ Landmark

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-271-AC**

1 **12** License # **unknown** St _____ DOB/Age **09/03/1962** Reg # **2DPD32** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **99** **19** **19** Lic. Restrictions **99** **20** CDL _____ Veh Year **2006** Veh Make **TOYOTA** Veh Config. **1** **21**
4 **2** Operator **LOPEZ, JULIO** Owner **HERNANDEZ, JOSE F**
 Address **50 RUTLAND ST APT 1** Address **65 HOWLAND ST**
 City **HUDSON** State **MA** Zip **01749** City **MARLBOROUGH** State **MA** Zip **01752-2171**
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **27** **27**
5 **1** Vehicle Travel Direction: **N S E X** 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: **1** **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
6 **1** 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	X	1	1	4	0	0	10	1	

7 **3** Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 **1** License # **S61763340** St **MA** DOB/Age **06/05/1985** Reg # **6KWM90** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2015** Veh Make **FORD** Veh Config. **1** **21**
 Operator **MINTON, ANDREW JAMES** Owner **MINTON, ANDREW JAMES**
 Address **9 OAK W TER** Address **9 OAK W TER**
 City **BELLINGHAM** State **MA** Zip **02019-2212** City **BELLINGHAM** State **MA** Zip **02019-2212** **2** **14**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **3** **27** **27** **27**
9 **2** Vehicle Travel Direction: **N S E X** 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 **19** **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**
2 **13** Towed from scene? **2** **33**

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	X	1	1	4	0	0	10	1	
AMY MINTON	9 OAK TER W BELLINGHAM, MA 02019	03/10/1986	F	3	1	4	0	0	10	1	

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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **1** **2** **11**
1 **1** **3**
2 **1**
3

OLD COMMON RD
Route# Direction Name of Roadway/Street
At
WASHINGTON 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

3 Please Select One of the Following: Vehicle **25** #Occupants Hit/Run Moped **Crash Report ID# 23-271-AC**

1 **12** **1** **13**
4 **2** **5** **1** **6** **1**

License # **S61763340** St **MA** DOB/Age **06/05/1985** Reg # **6KWM90** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement
Veh Year Veh Make **FORD** Veh Config. **21**
Operator **MINTON, ANDREW JAMES** Owner **MINTON, ANDREW JAMES**
Last First Middle Last First Middle
Address **9 OAK W TER** Address **9 OAK W TER**
City **BELLINGHAM** State **MA** Zip **02019-2212** City **BELLINGHAM** State **MA** Zip **02019-2212**
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 Driver Contributing Code **25 25** BAC Test Result: **30**
Viol. 2: Ch/Sec/Sub Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
Viol. 3: Ch/Sec/Sub 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	06/05/1985	M	1							
SUSAN DANIEL	UNKNOWN MEDFIELD, MA 02052	06/06/1961	F	6	1	4	0	0	10	1	

7 **3** Please Select One of the Following: Vehicle **4** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 **1** **2** **14**
9 **2**

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
Last First Middle Last First Middle
Address Address
City State Zip City State Zip
Insurance Company Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
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