

Date of Crash **08/17/2023** Time of Crash **1530** 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:

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# **245** Direction _____ Address # **WASHINGTON 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# **23-277-AC**

License # **SA4310775** St **MA** DOB/Age **09/02/2004** Reg # **1HTP72** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____
 Operator **CORBIN, SIDNEY IRIS** Owner **IDE-KING, AMANDA LYNN**
 Address **11 POND LN** Address **11 POND LN**
 City **CHARLTON** State **MA** Zip **01507** City **CHARLTON** State **MA** Zip **01507-1409**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **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 **5** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **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 | XXXXXX | XXXX | 1 | 1 | 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 # **SA2120945** St **MA** DOB/Age **09/09/2003** Reg # **H99979** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____
 Operator **TEBO, ASHTON A** Owner **ELM ELECTRICAL INC**
 Address **2 GATES ST** Address **68 UNION ST**
 City **MONSON** State **MA** Zip **01057** City **WESTFIELD** State **MA** Zip **01085-2440**
 Insurance Company **ZURICH AMERICAN INSURANCE** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **5** **27** **27** **27**
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **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: **31** Susp. Drug: **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 | 0 | 4 | 0 | 0 | 10 | 1 | |
| CARLOS DONES | 19 PENNSYLVANIA AVE CHICOPEE, MA 01013 | 11/12/1974 | F | 3 | 0 | 4 | 0 | 0 | 10 | 1 | |
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