

Date of Crash **08/25/2023** Time of Crash **0717** 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# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

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

**50** Feet **N X E W** of \_\_\_\_\_ Route# **PAKACHOAG ST** 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# **23-286-AC**

License # **S36066628** St **MA** DOB/Age **08/29/1996** Reg # **6JHH80** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2010** Veh Make **CHEVROLET** Veh Config. **1 21**

Operator **SANDMAN, ALEXIS MORGAN** Owner **RICCARDO, ANTHONY GERALD III**

Address **78 UPLAND ST APT B** Address **78 UPLAND ST APT B**

City **WORCESTER** State **MA** Zip **01607-1628** City **WORCESTER** State **MA** Zip **01607-1628**

Insurance Company **VERMONT MUTUAL INSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: **N X 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 **20 25 5 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **7 26** Susp. Alcohol: **2 31** Susp. Drug: **2 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 |
|---|-----------|-------------------|-----------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>   | See Above | <del>XXXXXX</del> | <del>XXXX</del> | <b>1</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
|   |           |                   |                 |              |                  |                  |               |              |                  |                 |                  |
|   |           |                   |                 |              |                  |                  |               |              |                  |                 |                  |

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

License # **S26331612** St **MA** DOB/Age **05/19/1952** Reg # **3BH600** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2017** Veh Make **TOYOTA** Veh Config. **1 21**

Operator **BEACH, NANCY ELLEN** Owner **BEACH, NANCY ELLEN**

Address **16 CLINTON RD** Address **16 CLINTON RD**

City **STERLING** State **MA** Zip **01564-2310** City **STERLING** State **MA** Zip **01564-2310**

Insurance Company **MAIN STREET AMERICA PROTE** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **6 27 5 27 4 27**

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

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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 |
|--|-----------|-------------------|-----------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Non-Motorist</b>   | See Above | <del>XXXXXX</del> | <del>XXXX</del> | <b>1</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
|  |           |                   |                 |              |                  |                  |               |              |                  |                 |                  |
|  |           |                   |                 |              |                  |                  |               |              |                  |                 |                  |

