

Date of Crash **08/30/2023** Time of Crash **2025** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

SOUTHBRIDGE ST
 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 _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-295-AC**

License # **S25964814** St **MA** DOB/Age **04/12/1990** Reg # **G2587** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **1974** Veh Make **PONTIAC** Veh Config. **1**
 Operator **PACHECO, VIRGINIO R** Owner **PACHECO, VIRGINIO R**
 Address **210 W MAIN ST** Address **210 W MAIN ST**
 City **MILLBURY** State **MA** Zip **01527-1423** City **MILLBURY** State **MA** Zip **01527-1423**
 Insurance Company **ESSENTIA INSURANCE COMPAN** Vehicle Action Prior to Crash **2** Damaged Area Code: **6 27 7 27 27**
 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: **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 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 # _____ St _____ DOB/Age _____ Reg # **BF21128** Reg Type **PAN** Reg State **CT**
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make **DODGE** Veh Config. **1**
 Operator **unknown** Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **1** Damaged Area Code: **99 27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ 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 **4 25 3 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **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							

Date of Crash 08/30/2023 Time of Crash 2025 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0 Speed Limit 40 State Police Local Police MBTA Police Campus Police Other: [] [] [] [] []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Location details for SOUTHBRIDGE ST and WASHINGTON ST, including route numbers, directions, and intersection names.

Please Select One of the Following: [X] Vehicle 31 #Occupants [] Hit/Run [] Moped Crash Report ID# 23-295-AC

Operator and Owner information: License # S31036778, Reg # 3JRF15, Operator BESHAI, SARA MARIE, Owner BESHAI, SARA MARIE.

Table with columns for Name, Address, DOB/Age, Sex, and various safety status codes (34-40) for the Operator.

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

Operator/Non-Motorist information: License #, Reg #, Operator, Owner, and various status codes (22-33).

Table with columns for Name, Address, DOB/Age, Sex, and various safety status codes (34-40) for the Operator/Non-Motorist.

