

Date of Crash **09/05/2023** Time of Crash **1603** 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:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# **20** Direction **E** Name of Roadway/Street **809 WASHINGTON ST** Route# **20** Direction **E** Address # **809** Name of Roadway/Street **WASHINGTON ST**

At _____ Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____

Also at Intersection with _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Feet **N S E W** of _____ Landmark _____

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped Crash Report ID# **23-301-AC**

License # **SA7160683** St **MA** DOB/Age **12/21/2002** Reg # **2GEP82** Reg Type **PAN** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2011** Veh Make **SUBARU** Veh Config. **1 21**

Operator **PELOQUIN, SOFYA LYNN** Owner **PELOQUIN, TAMMY L**

Address **31 MILL ST APT 1** Address **31 MILL ST**

City **ROCHDALE** State **MA** Zip **01542-1322** City **ROCHDALE** State **MA** Zip **01542-1322**

Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 27 27**

Vehicle Travel Direction: **N S X 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 **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	X	X	1	1	4	0	0	10	1
EDEN BAKER	8 GLENMERE RD CHARLTON, MA 01507	01/07/2002	F	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S25867858** St **MA** DOB/Age **07/07/1940** Reg # **3XYR33** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL _____ Veh Year **2016** Veh Make **TOYOTA** Veh Config. **1 21**

Operator **MURPHY, LAWRENCE C** Owner **MURPHY, LAWRENCE C**

Address **3 GALLANT AVE** Address **3 GALLANT AVE**

City **AUBURN** State **MA** Zip **01501-1808** City **AUBURN** State **MA** Zip **01501-1808**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **4 27 27 27**

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

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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	X	X	1	1	4	0	0	10	1

