

Date of Crash 09/30/2023 Time of Crash 1443 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other: [] [] [] [] []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Location details for intersection: Route# 412, Direction, Name of Roadway/Street LEICESTER ST, Address #, Name of Roadway/Street, Feet N S E W of, Mile Marker, Exit Number, Route# Intersecting Roadway/Street, Landmark.

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped Crash Report ID# 23-326-AC

Operator/Owner details: License # WDLB5B24693B, St WA, DOB/Age 08/05/1983, Reg # EV37BZ, Reg Type PC, Reg State MA, Sex M, Lic. Class D 19 19, Veh Year 2018, Veh Make TOYOTA, Veh Config 1, Operator CABROBO, THIAGO B, Owner CABROBO, THIAGO B, Address 502 STAFFORD ST APT 01, City CHERRY VALLEY, State MA, Zip 01611-3306.

Table with columns: 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 row: See Above, 1, 1, 3, 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

Operator/Non-Motorist details: License #, St, DOB/Age, Reg #, Reg Type, Reg State, Sex, Lic. Class, Veh Year, Veh Make, Veh Config, Operator, Owner, Address, City, State, Zip, Insurance Company, Vehicle Action Prior to Crash, Damaged Area Code, Vehicle Travel Direction, Event Sequence, Test Status, Responding to Emergency?, Most Harmful Event, Type of Test, Citation # (If Issued), BAC Test Result, Viol. 1: Ch/Sec/Sub, Driver Contributing Code, Susp. Alcohol, Susp. Drug, Viol. 2: Ch/Sec/Sub, Driver Distracted by, Towed from scene?, Viol. 3: Ch/Sec/Sub.

Table with columns: 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 row: See Above, 1.

