

Date of Crash 10/16/2023	Time of Crash 0514 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>125</u> Direction <u>WEST</u> Address # <u>ST</u> Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
Crash Report ID# **23-343-AC**

License # <u>SA4300939</u> St <u>MA</u> DOB/Age <u>11/17/1983</u> Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Reg # <u>1ZLH49</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2007</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>LICO, FREDI</u> Last First Middle Address <u>114 MILLBURY ST</u> City <u>GRAFTON</u> State <u>MA</u> Zip <u>01519-1020</u>	Owner <u>LICO, FREDI</u> Last First Middle Address <u>114 MILLBURY ST</u> City <u>GRAFTON</u> State <u>MA</u> Zip <u>01519-1020</u>
Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Vehicle Action Prior to Crash <u>2</u> <u>22</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> <u>26</u> Damaged Area Code: <u>6</u> <u>27</u> <u>4</u> <u>27</u> <u>5</u> <u>27</u> Test Status: <u>1</u> <u>28</u> Type of Test: <u>1</u> <u>29</u> BAC Test Result: <u>30</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>2</u> <u>33</u>

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	_____	_____	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # <u>SA1080300</u> St <u>MA</u> DOB/Age <u>01/15/2003</u> Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Reg # <u>4PRB21</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2008</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>HILL, BRANDON T</u> Last First Middle Address <u>31 DALE ST</u> City <u>ROCHDALE</u> State <u>MA</u> Zip <u>01524</u>	Owner <u>HILL, JASON ALAN</u> Last First Middle Address <u>31 DALE ST</u> City <u>ROCHDALE</u> State <u>MA</u> Zip <u>01542-0000</u>
Insurance Company <u>AMICA MUTUAL INSURANCE CO</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> Driver Distracted by <u>99</u> <u>26</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Test Status: <u>1</u> <u>28</u> Type of Test: <u>1</u> <u>29</u> BAC Test Result: <u>30</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>2</u> <u>33</u>

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	_____	_____	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

