

Date of Crash **11/12/2023** Time of Crash **0039** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

12 SOUTHBRIDGE ST
Route# Direction Name of Roadway/Street
At
20 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 **13** #Occupants Hit/Run Moped Crash Report ID# **23-375-AC**

License # [redacted] St [redacted] DOB/Age [redacted] Reg # **16LT51** Reg Type **PC** Reg State **MA**
Sex [redacted] Lic. Class **19 19** Lic. Restrictions **20** CDL [redacted] Endorsement
Operator [redacted] Last First Middle
Address [redacted]
City [redacted] State [redacted] Zip **01603-1160**
Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **11 27 27 27**
Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **20 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) **278669AC** Most Harmful Event **20 24** Type of Test: **97 29**
Viol. 1: Ch/Sec/Sub **90 8E** Viol. 2: Ch/Sec/Sub **89 4A** Driver Contributing Code **10 25 2 25** BAC Test Result: **1 30**
Viol. 3: Ch/Sec/Sub **90 240** Viol. 4: Ch/Sec/Sub **90 17A** Driver Distracted by **5 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **1 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	3	0	0	10	1
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

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

License # [redacted] St [redacted] DOB/Age [redacted] Reg # [redacted] Reg Type [redacted] Reg State [redacted]
Sex [redacted] Lic. Class **19 19** Lic. Restrictions **20** CDL [redacted] Endorsement
Operator [redacted] Last First Middle
Address [redacted]
City [redacted] State [redacted] Zip [redacted]
Insurance Company [redacted] Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
Vehicle Travel Direction: N S E W Responding to Emergency? [redacted] Event Sequence **23 23 23 23** Test Status: **28**
Citation # (If Issued) [redacted] Most Harmful Event **24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub [redacted] Viol. 2: Ch/Sec/Sub [redacted] Driver Contributing Code **25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub [redacted] Viol. 4: Ch/Sec/Sub [redacted] Driver Distracted by **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	X	X	1	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

