

Date of Crash **11/25/2023** Time of Crash **0025** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# **56** Direction _____ Address # **AUBURN ST** Name of Roadway/Street _____

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

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

Feet **N S E W** of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-400-AC**

License # **SA1641799** St **MA** DOB/Age **09/09/1974** Reg # **347WC4** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2013** Veh Make **DODGE** Veh Config. **1 21**

Operator **SANCHEZ, MILTON JR** Owner **ACT LEASING INC**

Address **143 OLD MEETINGHOUSE RD APT FIRS** Address **215 SALEM ST ST APT 10**

City **AUBURN** State **MA** Zip **01501-3351** City **WOBURN** State **MA** Zip **01801-2070**

Insurance Company **PHILADELPHIA INDEMNITY IN** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **3 27 7 27 97 27**

Vehicle Travel Direction: **N X E 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 **99 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 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	XXXX	XX	1	1	3	0	0	0	0	XXXX

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

License # **S11858770** St **MA** DOB/Age **06/26/1996** Reg # **X20073** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2012** Veh Make **FORD** Veh Config. **1 21**

Operator **KNIGHT, HARRISON W** Owner **KNIGHT CONSTRUCTION INC**

Address **1098 STAFFORD ST APT 3** Address **50 OAKDALE AVE**

City **ROCHDALE** State **MA** Zip **01542-1020** City **MARION** State **MA** Zip **02738-1306**

Insurance Company **NGM INSURANCE COMPANY** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 8 27 27**

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

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Operator/Non-Motorist	See Above	XXXX	XX	1	1	1	0	0	10	1	

