

Date of Crash **11/27/2023** Time of Crash **1819** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

BRYN MAWR AVE
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
LEICESTER ST
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Address # _____ 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 _____
Route# _____ Intersecting Roadway/Street _____
Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 23-405-AC**

License # **S77315574** St **MA** DOB/Age **09/16/1988** Reg # **2BRJ61** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2010** Veh Make **HONDA** Veh Config. **1** **21**
Operator **CABRERA, JUAN JOSE** Owner **CABRERA, JUAN JOSE**
Address **263 HOLLIS ST** Address **263 HOLLIS ST**
City **FRAMINGHAM** State **MA** Zip **01702-8609** City **FRAMINGHAM** State **MA** Zip **01702-8609**
Insurance Company **NORFOLK & DEDHAM MUTUAL F** Vehicle Action Prior to Crash **6** **22** Damaged Area Code: **2** **27** **3** **27** **27**
Vehicle Travel Direction: N S 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 **4** **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	XXXXXX	XXXX	1	1	4	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

License # **S11185792** St **MA** DOB/Age **10/27/1976** Reg # **2CJM71** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **B** **19** **19** Lic. Restrictions **M** **20** CDL _____ Veh Year **2014** Veh Make **GMC** Veh Config. **1** **21**
Operator **HODSDON-BEURMAN, CHERI A** Owner **HODSDON-BEURMAN, CHERI A**
Address **43 LEICESTER ST** Address **43 LEICESTER ST**
City **NORTH OXFORD** State **MA** Zip **01537-1218** City **NORTH OXFORD** State **MA** Zip **01537-1218**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **1** **27** **27**
Vehicle Travel Direction: N 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 **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/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	XXXXXX	XXXX	1	1	4	0	0	10	1	

