

Date of Crash **11/29/2023** Time of Crash **1635** 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:

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# **380** Direction _____ Address # **SOUTHBRIDGE ST** Name of Roadway/Street _____

Feet N S 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# **23-408-AC**

License # **SA4520958** St **MA** DOB/Age **08/13/2004** Reg # **671LB8** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2011** Veh Make **ACURA** Veh Config. **1**

Operator **WAINAINA, JEANBRIAN MUCHIRI** Owner **MUCHIRI, STEPHEN W**

Address **59 CIRCUIT N AVE** Address **59 CIRCUIT N AVE**

City **WORCESTER** State **MA** Zip **01603-2151** City **WORCESTER** State **MA** Zip **01603-2151**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **6** Damaged Area Code: **8**

Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** Test Status: **1**

Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **1**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** Susp. Alcohol: **2** Susp. Drug: **2**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** Towed from scene? **2**

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 # **S52048633** St **MA** DOB/Age **05/28/1998** Reg # **669LY1** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2015** Veh Make **SUBARU** Veh Config. **1**

Operator **BAEZ DE ESPAILLAT, PAMELA DEL CARMEN** Owner **ESPAILLAT, OSVALDO D**

Address **18 UPLAND GARDENS DR APT 12** Address **18 UPLAND GARDENS DR APT 12**

City **WORCESTER** State **MA** Zip **01607-1626** City **WORCESTER** State **MA** Zip **01607-1679**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **3**

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

Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **1**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** Susp. Alcohol: **2** Susp. Drug: **2**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** Towed from scene? **2**

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	

