

Date of Crash **04/02/2024** Time of Crash **1709** 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# **20** Direction **W** Name of Roadway/Street **820 SOUTHBRIDGE ST**
 Route# **20** Direction **W** Name of Roadway/Street **820 SOUTHBRIDGE ST**
 At _____ Feet **N S E W** of _____ or _____ Mile Marker _____ Exit Number _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____
 Route# _____ Direction _____ Name of 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# **24-100-AC**

License # **S21061198** St **MA** DOB/Age **05/07/2001** Reg # **3VBC15** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D 19 19 M** Lic. Restrictions **B 20** CDL _____ Veh Year **2006** Veh Make **FORD** Veh Config. **1 21**
 Operator **HERMAN, JAMES WALTER** Owner **HERMAN, JAMES WALTER**
 Address **86 FEDERAL HILL RD** Address **86 FEDERAL HILL RD**
 City **OXFORD** State **MA** Zip **01540-1302** City **OXFORD** State **MA** Zip **01540-1302**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 27 27**
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **51 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **10 25 12 25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Viol. 3: Ch/Sec/Sub _____ 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	XXXXXX	XXXX	1	99	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 # **S97684458** St **MA** DOB/Age **05/02/1997** Reg # **5REP77** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL _____ Veh Year **2007** Veh Make **TOYOTA** Veh Config. **1 21**
 Operator **GARCIA CASANOVA, JOMARIE ANGELIZ** Owner **GARCIA CASANOVA, JOMARIE ANGELIZ**
 Address **126 CANTEBURY ST** Address **126 CANTEBURY ST**
 City **WORCESTER** State **MA** Zip **01603-0000** City **WORCESTER** State **MA** Zip **01603-0000**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **7 27 1 27 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 _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Viol. 3: Ch/Sec/Sub _____ 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	99	4	0	0	█	█	██████████

