

Date of Crash **01/03/2024** Time of Crash **1647** 24HR City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

AUBURN ST
 Route# _____ Direction _____ Name of Roadway/Street _____
 At _____
SOUTHBRIDGE 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 _____
 _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **24-4-AC**

License # **S97009957** St **MA** DOB/Age **07/08/1991** Reg # **5KEA21** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **99 20** CDL _____ Veh Year **2023** Veh Make **HONDA** Veh Config. **1 21**
 Operator **CORTES, WESLEY F** Owner **CORTES, WESLEY F**
 Address **3 VICTOR AVE APT 1** Address **3 VICTOR AVE APT 1**
 City **WORCESTER** State **MA** Zip **01603-1186** City **WORCESTER** State **MA** Zip **01603-1186**
 Insurance Company **PERMANENT GENERAL ASSURAN** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 6 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: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 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	XXXXXX	XXXX	1	1	99	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 # **NA** St **MA** DOB/Age **05/21/2002** Reg # **3DSR78** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2001** Veh Make **TOYOTA** Veh Config. **1 21**
 Operator **HERRERA, DIEGO** Owner **CHINCHILLA HERRERA, ABI A**
 Address **33 VILLA PKWY** Address **33 VILLA PKWY PH**
 City **SPRINGFIELD** State **MA** Zip **01109** City **SPRINGFIELD** State **MA** Zip **01109-3226**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **8 27 2 27 1 27**
 Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) **T3157033** Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub **90 10** Driver Contributing Code **6 25 19 25** BAC Test Result: **1 30**
 Viol. 3: 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/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	3	0	0	10	1	

