

Date of Crash 02/02/2024, Time of Crash 1538, City/Town Auburn, Motor Vehicle Crash Police Report, Number Vehicles 2, Number Injured 2, Speed Limit 40, State Police, Local Police, MBTA Police, Campus Police, Other.

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# 12 S 783 SOUTHBRIDGE ST, Direction, Address #, Name of Roadway/Street, At, Mile Marker, Exit Number, Name of Intersecting Roadway/Street, Also at Intersection with, Landmark.

Please Select One of the Following: [X] Vehicle 11 #Occupants, [ ] Hit/Run, [ ] Moped, Crash Report ID# 24-43-AC

License # S59497208, St MA, DOB/Age 01/29/1985, Reg # 1XNY42, Reg Type PAN, Reg State MA, Sex M, Lic. Class D 19 19, Lic. Restrictions 1 20, CDL Endorsement, Operator SHEEHAN, KEITH J, Address 9 DOLGE CT, City CHARLTON, State MA, Zip 01507-1411, Insurance Company PREFERRED MUTUAL INSURANC, Vehicle Travel Direction: N [X] E W, Responding to Emergency? 2, Citation # (If Issued), Viol. 1: Ch/Sec/Sub, Viol. 2: Ch/Sec/Sub, Viol. 3: Ch/Sec/Sub, Driver Contributing Code 4 25 5 25, Driver Distracted by 99 26, Event Sequence 1 23 23 23 23, Most Harmful Event 1 24, Vehicle Action Prior to Crash 1 22, Damaged Area Code: 1 27 27 27, Test Status: 1 28, Type of Test: 29, BAC Test Result: 30, Susp. Alcohol: 2 31, Susp. Drug: 2 32, Towed from scene? 1 33.

Table with columns: Name (Last First Middle), Address, 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: SHEEHAN, KEITH J, Address: 9 DOLGE CT, DOB/Age: 01/29/1985, Sex: M, 34 Seat Pos.: 1, 35 Safety System: 99, 36 Airbag Status: 4, 37 Eject Code: 0, 38 Trap Code: 0, 39 Injury Status: 10, 40 Transp. Code: 1, Medical Facility: See Above.

Please Select One of the Following: [X] Vehicle 24 #Occupants, [ ] Non-Motorist A, Type 15, Action 16, Location 17, Condition 18, [ ] Hit/Run, [ ] Moped

License # S55709817, St MA, DOB/Age 11/06/1996, Reg # JKAG31, Reg Type PAN, Reg State FL, Sex F, Lic. Class D 19 19, Lic. Restrictions B 20, CDL Endorsement, Operator ELICIER-CORTES, GISELA M, Address 117 FAIRFIELD ST APT 2, City WORCESTER, State MA, Zip 01602-3550, Insurance Company GEICO INSURANCE COMPANY, Vehicle Travel Direction: N [X] E W, Responding to Emergency? 2, Citation # (If Issued), Viol. 1: Ch/Sec/Sub, Viol. 2: Ch/Sec/Sub, Viol. 3: Ch/Sec/Sub, Driver Contributing Code 1 25 25, Driver Distracted by 0 26, Event Sequence 1 23 23 23 23, Most Harmful Event 1 24, Vehicle Action Prior to Crash 2 22, Damaged Area Code: 5 27 27 27, Test Status: 1 28, Type of Test: 29, BAC Test Result: 30, Susp. Alcohol: 2 31, Susp. Drug: 2 32, Towed from scene? 1 33.

Table with columns: Name (Last First Middle), Address, 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: LUIS SOTO ROSADO, Address: 73 FIELDING ST WORCESTER, MA 01603-1259, DOB/Age: 10/23/1994, Sex: M, 34 Seat Pos.: 3, 35 Safety System: 99, 36 Airbag Status: 4, 37 Eject Code: 0, 38 Trap Code: 0, 39 Injury Status: 9, 40 Transp. Code: 2, Medical Facility: U-Mass Medical Center. Operator/Non-Motorist: FRANQUI CORDERO, Address: 73 FIELDING ST BSMT B WORCESTER, MA 01603-1259, DOB/Age: 11/24/1982, Sex: M, 34 Seat Pos.: 4, 35 Safety System: 99, 36 Airbag Status: 4, 37 Eject Code: 0, 38 Trap Code: 0, 39 Injury Status: 9, 40 Transp. Code: 2, Medical Facility: U-Mass Medical Center.

