

Date of Crash **02/10/2024** Time of Crash **0954** 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:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 **1** **2** **11**

1 **2**

1 **11**

2 **1**

3

1 **12**

1 **12**

4 **1**

5

6 **1**

1 **13**

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 24-50-AC**

License # **S48160138** St **MA** DOB/Age **04/22/2000** Reg # **4YGE54** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL Endorsement **21**

Operator **BENAVIDES RAMIREZ, ISABEL DONATILA** Owner **BENAVIDES RAMIREZ, ISABEL DONATILA**

Address **98 PINE ST APT 1** Address **98 PINE ST APT 1**

City **SOUTHBRIDGE** State **MA** Zip **01550-1999** City **SOUTHBRIDGE** State **MA** Zip **01550-1999**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **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 **99** **25** **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **26** Susp. Alcohol: **31** Susp. Drug: **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	X	1	99	4	0	0	10	1	

7 **2**

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S57860960** St **MA** DOB/Age **07/28/1981** Reg # **1FYK15** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL Endorsement **21**

Operator **SMITH, KEILA H** Owner **SMITH, KEILA H**

Address **610 MAIN ST APT C** Address **610 MAIN ST APT C**

City **NORTH OXFORD** State **MA** Zip **01537-1331** City **NORTH OXFORD** State **MA** Zip **01537-1331**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **5** **27** **27** **27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **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: **31** Susp. Drug: **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	X	1	99	4	0	0	10	1	

