

Date of Crash **03/04/2024** Time of Crash **1757** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **20** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**HAMPTON ST**  
Route# Direction Name of Roadway/Street  
At  
**MALVERN RD**  
Route# Direction Name of Intersecting Roadway/Street  
Also at Intersection with  
Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  
Crash Report ID# **24-75-AC**

License # **SA4960807** St **MA** DOB/Age **03/01/2003** Reg # **2NVG63** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement **20** Veh Year **1999** Veh Make **HONDA** Veh Config. **1**  
Operator **HERNANDEZ, GABRIEL JARED** Owner **HERNANDEZ, GABRIEL JARED**  
Address **7 UPLAND GARDENS DR APT 8** Address **7 UPLAND GARDENS DR APT 8**  
City **WORCESTER** State **MA** Zip **01607-1688** City **WORCESTER** State **MA** Zip **01607-1688**  
Insurance Company **LIBERTY MUTUAL FIRE INSUR** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** 27 27 27  
Vehicle Travel Direction: **NSE** 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: **1** 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: **1** 32  
Towed from scene? **2** 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **SA3091889** St **MA** DOB/Age **04/28/1994** Reg # **4NXP64** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement **20** Veh Year **2016** Veh Make **FORD** Veh Config. **1**  
Operator **DA SILVA MORAIS, CARMELITA CANDIDA** Owner **RIBEIRO, WEMERSON ALEXANDRE**  
Address **38 FOX ST APT 1** Address **38 FOX ST APT 1**  
City **WORCESTER** State **MA** Zip **01604-4356** City **WORCESTER** State **MA** Zip **01604-4356**  
Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** Damaged Area Code: **3** 27 27 27  
Vehicle Travel Direction: **NXEW** 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: **1** 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/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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

