

Date of Crash **05/02/2023** Time of Crash **2109** 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:   
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ At \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_ Also at Intersection with \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# **11** Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street **SOUTHBRIDGE ST**  
 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# **23-142-AC**

License # **A13871306** St **MA** DOB/Age **02/05/1979** Reg # **2RNT14** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1 21**  
 Operator **DASILVA, EDIVON** Owner **RODRIGUES DOS SANTOS, JUNIO**  
 Address **30 FREDERICK ST** Address **9 MARJORIE ST APT FL2**  
 City **FRAMINGHAM** State **MA** Zip **01702** City **HUDSON** State **MA** Zip \_\_\_\_\_  
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **11 27 27 27**  
 Vehicle Travel Direction:  **S E W** Responding to Emergency? **2** Event Sequence **20 23 1 23 23 23** Test Status: **2 28**  
 Citation # (If Issued) **952078AB** Most Harmful Event **1 24** Type of Test: **1 29**  
 Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **90 23** Driver Contributing Code **9 25 10 25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub **90 24** Viol. 4: Ch/Sec/Sub **89 4** Driver Distracted by **99 26** Susp. Alcohol: **1 31** Susp. Drug: **99 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
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>10</b>	<b>█</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 # **unknown** St \_\_\_\_\_ DOB/Age **10/10/1967** Reg # **9DR671** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2003** Veh Make **TOYOTA** Veh Config. **1 21**  
 Operator **ALAS, JOSE** Owner **VENTURA QUIJADA, LILIANA VERENISSE**  
 Address **48.5 PROVIDENCE ST** Address **40 BELLEVUE ST APT 3**  
 City **WORCESTER** State **MA** Zip **016\*\*** City **WORCESTER** State **MA** Zip **01609-1802**  
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 2 27 8 27**  
 Vehicle Travel Direction:  **N**  **E**  **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? **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>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>█</b>
<b>MARIA DELGADO</b>		<b>48.5 PROVIDENCE ST WORCESTER, MA 016**</b>	<b>06/12/1965</b>	<b>F</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>█</b>	<b>█</b>

