

Date of Crash **05/04/2023** Time of Crash **0954** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **2** Speed Limit **50** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

SCHOOL ST
Route# Direction Name of Roadway/Street
At
WASHINGTON ST
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# **23-149-AC**

License # **S33562768** St **MA** DOB/Age **01/21/1969** Reg # **5YM967** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL Endorsement
Operator **KARAMANAKIS, ANASTASIOS** Owner **KARAMANAKIS, ANASTASIOS**
Address **224 W MAIN ST** Address **224 W MAIN ST**
City **DUDLEY** State **MA** Zip **01571-5934** City **DUDLEY** State **MA** Zip **01571-5934**
Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 8 27 2 27**
Vehicle Travel Direction: **N S X 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 **19 25 5 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 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	XXXX	XX	1	1	1	0	0	●	●	XXXX

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

License # **S21442584** St **MA** DOB/Age **10/07/1968** Reg # **3CHK29** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL Endorsement
Operator **ASHE, MARIE S** Owner **ASHE, MARIE S**
Address **8 PRIOULX ST** Address **8 PRIOULX ST**
City **WORCESTER** State **MA** Zip **01605-3216** City **WORCESTER** State **MA** Zip **01605-3216**
Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **5 27 4 27 27**
Vehicle Travel Direction: **N S X 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**
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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	XXXX	XX	1	1	4	0	0	●	●	XXXX

