

Date of Crash **05/06/2023** Time of Crash **0248** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **2** Speed Limit **45** State Police Local Police MBTA Police Campus Police Other:

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# _____ Direction _____ Address # _____ Name of Roadway/Street _____
 _____ Feet **N S E W** of _____ or _____
 Mile Marker _____ Exit Number _____
 _____ Feet **N S E W** of _____
 Route# _____ Intersecting Roadway/Street _____
0 Feet **N S E W** of _____
 Route# _____ Intersecting Roadway/Street _____
OF JACOBSON DRIVE
 Landmark _____

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped Crash Report ID# **23-151-AC**

License # **S13311914** St **MA** DOB/Age **05/02/1984** Reg # **4NPJ78** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2014** Veh Make **BMW** Veh Config. **1 21**
 Operator **BENSON, ANDRE J II** Owner **BENSON, ANDRE J II**
 Address **19 FALCON ST** Address **19 FALCON ST**
 City **WORCESTER** State **MA** Zip **01603-1103** City **WORCESTER** State **MA** Zip **01603-1103**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **11 27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **40 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **21 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **10 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: 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	 	 	1	1	3	0	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	██████████
DANIEL MUGURE	126 BORDER ST PH BOSTON, MA 02128-0000	09/23/1992	M	3	1	3	0	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	██████████

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

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **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	 	 	1							

