

Date of Crash **05/10/2023** Time of Crash **0659** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** 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# **24** Direction _____ Address # **ROCK AVE** 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 _____

Feet **N S E W** of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-155-AC**

License # **SA3150511** St **MA** DOB/Age **11/16/1985** Reg # **AP6928** Reg Type **APN** Reg State **NH**

Sex **M** Lic. Class **B 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2005** Veh Make **MACK** Veh Config. **6 21**

Operator **MORALES, ELIOENAI** Owner **CASELLA WASTE MANAGEMENT OF MA INC**

Address **35 CIRCUIT E AVE** Address **43 INDUSTRIAL DR**

City **WORCESTER** State **MA** Zip **01603-2150** City **BELMONT** State **NH** Zip **03220**

Insurance Company **OLD REPUBLIC INSURANCE GR** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **4 27 27 27**

Vehicle Travel Direction: **N X 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? **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
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

License # **SA0061905** St **MA** DOB/Age **07/12/2006** Reg # **3SHP38** Reg Type **PAN** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2007** Veh Make **SATURN** Veh Config. **1 21**

Operator **DANIELS, LEILANI EVE** Owner **WARD, SHARON L**

Address **24 ROCK AVE** Address **24 ROCK AVE**

City **AUBURN** State **MA** Zip **01501** City **AUBURN** State **MA** Zip **01501-1611**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **6 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 **19 25 25** BAC Test Result: **30**

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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	XXXX	1	1	4	0	0	10	1	

