

Date of Crash **05/11/2023** Time of Crash **1906** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** 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# **717** Direction _____ Address # **SOUTHBRIDGE ST** 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# **23-158-AC**

License # **038702043** St **NH** DOB/Age **11/24/1988** Reg # **4523601** Reg Type **PC** Reg State **NH**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2002** Veh Make **VOLVO** Veh Config. **1**

Operator **ADAM, SEAN P** Owner **ADAM, SEAN P**

Address **411 SAGAMORE RD APT 3** Address **411 SAGAMORE RD APT 3**

City **RYE** State **NH** Zip **038702043** City **RYE** State **NH** Zip **038702043**

Insurance Company **GEICO** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** Test Status: **1** Type of Test: **1** BAC Test Result: **1** Susp. Alcohol: **2** Susp. Drug: **2** Towed from scene? **1**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** Most Harmful Event **1** Driver Contributing Code **18** Driver Distracted by **0**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

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	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 # **S40889144** St **MA** DOB/Age **12/15/1982** Reg # **7976KS** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2018** Veh Make **NISSAN** Veh Config. **1**

Operator **ROY, JESSICA MARY** Owner **ROY, JESSICA MARY**

Address **106 TINKER HILL RD** Address **106 TINKER HILL RD**

City **AUBURN** State **MA** Zip **01501-1315** City **AUBURN** State **MA** Zip **01501-1315**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **2** Test Status: **1** Type of Test: **1** BAC Test Result: **1** Susp. Alcohol: **2** Susp. Drug: **2** Towed from scene? **1**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** Most Harmful Event **1** Driver Contributing Code **1** Driver Distracted by **0**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

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	1	4	0	0	10	1	

