

Date of Crash **05/17/2023** Time of Crash **1444** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** 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# **777** Direction _____ Address # **WASHINGTON ST** Name of Roadway/Street _____
 Feet N S W of _____ 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# **23-163-AC**

License # **S13773336** St **MA** DOB/Age **11/29/1989** Reg # **3AKC25** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2010** Veh Make **TOYOTA** Veh Config. **1**
 Operator **PELOQUIN, ASHLIEE N** Owner **PELOQUIN, ROBERT H**
 Address **113 WALCOTT ST** Address **113 WALCOTT ST**
 City **STOW** State **MA** Zip **01775-1427** City **STOW** State **MA** Zip **01775-1427**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** 27 27 27
 Vehicle Travel Direction: N S 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: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **20** 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	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 # **S88983771** St **MA** DOB/Age **02/11/1968** Reg # **4493SS** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2012** Veh Make **TOYOTA** Veh Config. **1**
 Operator **VERDUZCO, GABRIELA** Owner **MACHADO, BENICIO JR**
 Address **5 LYON ST APT 1** Address **5 LYON ST APT 1**
 City **WORCESTER** State **MA** Zip **01604-3621** City **WORCESTER** State **MA** Zip **01604-3621**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** Damaged Area Code: **5** 27 1 27 27
 Vehicle Travel Direction: N S 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: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 **25** BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 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	

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Route# _____ Direction _____ Name of Roadway/Street _____ At _____
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 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# **777** Direction _____ Address # **WASHINGTON ST** Name of Roadway/Street _____
 _____ Feet N S 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 **3** #Occupants Hit/Run Moped Crash Report ID# **23-163-AC**

License # **058187436** St **CT** DOB/Age **05/29/1965** Reg # **545TYJ** Reg Type **PAN** Reg State **CT**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____
 Operator **SANTORO, STEPHEN** Owner **SANTORO, STEPHEN**
 Address **30B BABULA ST** Address **30B BABULA ST**
 City **THOMPSON** State **CT** Zip **06277** City **THOMPSON** State **CT** Zip **06277**
 Insurance Company **THE TRAVELERS HOME AND MA** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **5 27 27 27**
 Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **10 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 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	XXXX	XX	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **4** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

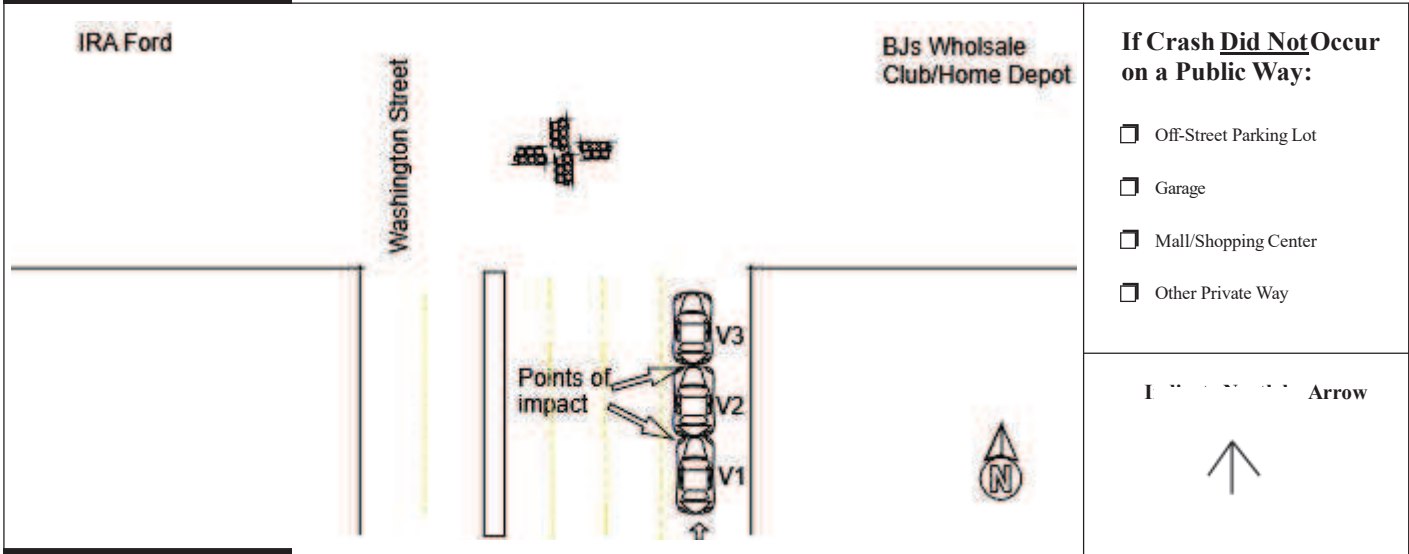
License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Endorsement _____
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance 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	XXXX	XX	1							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

↑ Arrow

Crash Narrative:

Vehicle #1 was traveling eastbound on Route 20 (Washington Street) in Auburn. This is a public way. Vehicle #2 and Vehicle #3 stated that they were at a red light at the intersection at BJS Wholesale/Home Depot and IRA Ford. Vehicle #2 was hit in the back by Vehicle #1 causing them to run into the back of Vehicle #3. Vehicle #1 was towed from the scene and Vehicles #2 and #3 drove away from the scene. No injuries to report.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrolman ALEX K MYERS

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/17/2023

Date