

Date of Crash **05/18/2023** Time of Crash **1210** 24HR City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-164-AC**

3

License # **SA5940065** St **MA** DOB/Age **08/27/2004** Reg # **4GVV49** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2012** Veh Make **CADILLAC** Veh Config. **1 21**

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Operator **MONTANEZ, ELIJAH MIKEL** Owner **MONTANEZ, DAVID JR**
 Address **186 STAFFORD ST** Address **186 STAFFORD ST**
 City **CHARLTON** State **MA** Zip **01507** City **CHARLTON** State **MA** Zip **01507**

5

Insurance Company **LIBERTY MUTUAL PERSONAL** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **2 27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **24 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **10 25 97 25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **3 33**

24 13

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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	99	4	0	0	10	1	DECLINED MEDICAL TREATMENT

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

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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 _____ Driver Contributing Code **25 25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **33**

9 2

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							

