

Date of Crash 05/20/2023 Time of Crash 1043 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:

LEICESTER ST
Route# Direction Name of Roadway/Street
At
BRYN MAWR AVE
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

Please Select One of the Following: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped Crash Report ID# 23-167-AC

License # S58222824 St MA DOB/Age 02/26/1953
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator HILL, PAUL VINCENS
Address 4 EXETER DR
City AUBURN State MA Zip 01501-2517

Reg # TA19389 Reg Type TX Reg State MA
Veh Year 2009 Veh Make BUICKS Veh Config. 97 21
Owner PV TAXI INC
Address 4 EXETER DR
City AUBURN State MA Zip 01501-2517

Insurance Company PROGRESSIVE CASUALTY INSU
Vehicle Travel Direction: [X] S E W Responding to Emergency? 2
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27
Event Sequence 1 23 23 23 23 Test Status: 28
Most Harmful Event 1 24 Type of Test: 29
Driver Contributing Code 1 25 25 BAC Test Result: 30
Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 2 33

Table with columns: Name (Last First Middle), Address, 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. Row 1: Operator, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1.

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

License # [REDACTED] St [REDACTED] DOB/Age [REDACTED]
Sex [REDACTED] Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator [REDACTED]
Address [REDACTED]
City [REDACTED] State [REDACTED] Zip [REDACTED]

Reg # 6FZ996 Reg Type PC Reg State MA
Veh Year 2014 Veh Make KIA Veh Config. 1 21
Owner BASCONES, FELIPE L
Address 5 CRYSTAL ST
City WORCESTER State MA Zip 01603-2601

Insurance Company ALLSTATE INSURANCE COMPAN
Vehicle Travel Direction: N S E [X] Responding to Emergency? 2
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Vehicle Action Prior to Crash 6 22 Damaged Area Code: 7 27 27 27
Event Sequence 1 23 23 23 23 Test Status: 28
Most Harmful Event 1 24 Type of Test: 29
Driver Contributing Code 4 25 25 BAC Test Result: 30
Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 2 33

Table with columns: Name (Last First Middle), Address, 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. Row 1: Operator/Non-Motorist, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1. Row 2: BRANDYN BASCONES, 5 CRYSTAL ST WORCESTER, MA 01603-2601, 05/14/1977, F, 11, 1, 4, 0, 0, 10, 1.

