

Date of Crash **06/10/2023** Time of Crash **1400** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**HAMPTON ST**  
Route# Direction Name of Roadway/Street  
At  
**ELMWOOD ST**  
Route# Direction Name of Intersecting Roadway/Street  
Also at Intersection with  
Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **23-193-AC**

License # **S73204860** St **MA** DOB/Age **03/07/1962** Reg # **2XRD48** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement  
Operator **DONLAN, DENNIS P** Owner **DONLAN, DENNIS P**  
Address **50 WEATHERVANE DR** Address **50 WEATHERVANE DR**  
City **LEOMINSTER** State **MA** Zip **01453-5956** City **LEOMINSTER** State **MA** Zip **01453-5956**  
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **7**  
Vehicle Travel Direction: **N E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**  
Citation # (If Issued) Most Harmful Event **1** Type of Test: **1**  
Viol. 1: Ch/Sec/Sub Driver Contributing Code **1** Susp. Alcohol: **31** Susp. Drug: **32**  
Viol. 3: Ch/Sec/Sub Driver Distracted by **0** Towed from scene? **2**

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
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S68014927** St **MA** DOB/Age **05/11/1981** Reg # **127BD1** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement  
Operator **KUBERT, FRANCINE MARIE** Owner **KUBERT, FRANCINE MARIE**  
Address **83 HAMPTON ST** Address **83 HAMPTON ST**  
City **AUBURN** State **MA** Zip **01501-2615** City **AUBURN** State **MA** Zip **01501-2615**  
Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **1** Damaged Area Code: **1**  
Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**  
Citation # (If Issued) Most Harmful Event **1** Type of Test: **1**  
Viol. 1: Ch/Sec/Sub Driver Contributing Code **4** Susp. Alcohol: **31** Susp. Drug: **32**  
Viol. 3: Ch/Sec/Sub Driver Distracted by **0** Towed from scene? **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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>MANUEL SIERRA</b>	<b>83 HAMPTON ST AUBURN, MA 01501</b>	<b>07/29/2000</b>	<b>M</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

