

Date of Crash **06/22/2023** Time of Crash **1710** 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:

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# **128** Direction _____ Address # **AUBURN 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 _____

0 Feet **N X E W** of **123 AUBURN STREET** Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-208-AC**

License # **SA4980140** St **MA** DOB/Age **08/13/2004** Reg # **18EC26** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL _____ Veh Year **2018** Veh Make **CADILLAC** Veh Config. **1 21**

Operator **HANDFIELD, ZACHARY JAMES** Owner **HANDFIELD, COREY JAMES**

Address **137 BOYCE ST** Address **137 BOYCE ST**

City **AUBURN** State **MA** Zip **01501-1738** City **AUBURN** State **MA** Zip **01501-1738**

Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **8 27 1 27 2 27**

Vehicle Travel Direction: S E 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: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **6 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	X	X	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 # **S59760838** St **MA** DOB/Age **08/26/1979** Reg # **P71716** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D 19 19 M** Lic. Restrictions **1 20** CDL _____ Veh Year **2014** Veh Make **KIA** Veh Config. **1 21**

Operator **JORDAN, JAMIE P** Owner **ENTWISTLES GARAGE INC**

Address **35 NICHOLS RD** Address **800 MAIN ST**

City **BARRE** State **MA** Zip **01005-9212** City **LEICESTER** State **MA** Zip **01524-1306**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **9 22** Damaged Area Code: **4 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: **29**

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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	X	X	1	1	4	0	0	10	1

