

Date of Crash **01/27/2023** Time of Crash **1717** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** 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# **65** 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 _____

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

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-22-AC**

License # **S44411662** St **MA** DOB/Age **05/29/1981** Reg # **1ZLP34** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2021** Veh Make **JEEP** Veh Config. **1 21**

Operator **COLLAZO, YESABEL** Owner **COLLAZO, YESABEL**

Address **88 W MAIN ST APT 2** Address **88 W MAIN ST APT 2**

City **DUDLEY** State **MA** Zip **01571-3359** City **DUDLEY** State **MA** Zip **01571-3359**

Insurance Company **GREEN MOUNTAIN INSURANCE** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **4 27 27 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **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 **1 25 25** BAC Test Result: **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? **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	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 # **S88984805** St **MA** DOB/Age **07/03/1987** Reg # **3JJJB78** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2006** Veh Make **HONDA** Veh Config. **1 21**

Operator **COOKE, KATELYN MARIE** Owner **COOKE, KATELYN MARIE**

Address **25 WESTLAND CIR** Address **25 WESTLAND CIR**

City **WEST BOYLSTON** State **MA** Zip **01583-1917** City **WEST BOYLSTON** State **MA** Zip **01583-1917**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **11 27 0 27 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**

Citation # (If Issued) **783079AB** Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90 20** Viol. 2: Ch/Sec/Sub **90 6** Driver Contributing Code **10 25 2 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub **89 4B** Viol. 4: Ch/Sec/Sub **90 24** Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **1 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	X	1	1	1	0	0	10	2	

