

Date of Crash **07/24/2023** Time of Crash **0949** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

WASHINGTON ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
PROSPECT 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 **14** #Occupants Hit/Run Moped Crash Report ID# **23-241-AC**

License # **S19809214** St **MA** DOB/Age **01/02/1985** Reg # **1PKS73** Reg Type **PAN** Reg State **MA**
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2019** Veh Make **DODGE** Veh Config. **1**
Operator **MASI, ANTHONY JOSEPH** Owner **MASI, ANTHONY JOSEPH**
Address **14 MAIN ST** Address **14 MAIN ST**
City **CHARLTON** State **MA** Zip **01507-1355** City **CHARLTON** State **MA** Zip **01507-1355**
Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **4** Damaged Area Code: **1** 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: **99** 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4** 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? **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	_____	_____	1	1	1	0	0	10	1	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
HENRY	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	

Please Select One of the Following: Vehicle **24** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S31407767** St **MA** DOB/Age **02/03/1994** Reg # **3MDJ53** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2019** Veh Make **HYUNDAI** Veh Config. **1**
Operator **PEREIRA, SIMONE DE FREITAS** Owner **PEREIRA, TANIA MARIA DE FREIT**
Address **3 SHELBURNE RD** Address **3 SHELBURNE RD**
City **WEST YARMOUTH** State **MA** Zip **02673-1440** City **W YARMOUTH** State **MA** Zip **02673-0000**
Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** 27 27 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: **99** 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 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? **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	_____	_____	1	1	1	0	0	10	1	
LAURA PEREIRA	3 SHELBURNE RD W YARMOUTH, MA 02673	08/09/1991	F	3	1	1	0	0			
MIKE CRUZ	3 SHELBURNE RD W YARMOUTH, MA 02673	03/15/1998	M	4	1	1	0	0	10	1	
DANILO FREITAS	1 MAIN ST PASSPORT/OUT OF COUNTRY, MA 00000	10/29/1996	M	6	1	1	0	0	10	1	

