

Date of Crash **11/17/2023** Time of Crash **1705** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

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# _____ 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: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **23-390-AC**

License # **2916241** St **RI** DOB/Age **01/09/1989** Reg # **2897626** Reg Type **APN** Reg State **IN**
 Sex **M** Lic. Class **A 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **FREIGHTLINER** Veh Config. **10 21**
 Operator **MADERA, JOSE MIGUEL** Owner **ROSS EQUIPMENT LLC**
 Address **24 WAVERLY ST APT 1** Address **1235 TERMINAL RD**
 City **PROVIDENCE** State **RI** Zip **02907** City **INDIANAPOLIS** State **IN** Zip **46217**
 Insurance Company **PROTECTIVE INSURANCE COMP** Vehicle Action Prior to Crash **97 22** Damaged Area Code: **0 27 27 27**
 Vehicle Travel Direction: **N S E X** 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: **31** Susp. Drug: **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	XXXXXX	XXXX	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 # **S27229467** St **MA** DOB/Age **11/24/1950** Reg # **3ZLB77** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2011** Veh Make **HONDA** Veh Config. **1 21**
 Operator **VAZQUEZ BAEZ, FELIX V** Owner **VAZQUEZ BAEZ, FELIX V**
 Address **118 SOUTHGATE ST** Address **118 SOUTHGATE ST**
 City **WORCESTER** State **MA** Zip **01603-2843** City **WORCESTER** State **MA** Zip **01603-2843**
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **9 22** Damaged Area Code: **3 27 27 27**
 Vehicle Travel Direction: **N S E X** 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 **4 25 25** BAC Test Result: **30**
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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	XXXXXX	XXXX	1	1	4	0	0	10	1	

