

Date of Crash **12/08/2023** Time of Crash **1715** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **50** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

WASHINGTON ST
 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 _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-420-AC**

License # **SA0220861** St **MA** DOB/Age **01/07/1975** Reg # **3SMH66** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2020** Veh Make **NISSAN** Veh Config. **1**
 Operator **KORES, KELLEE ANNE** Owner **BATES, RICHARD E**
 Address **9 KING ST** Address **9 KING ST**
 City **LEICESTER** State **MA** Zip **01524** City **LEICESTER** State **MA** Zip **01524-1217**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **2** Damaged Area Code: **6**
 Vehicle Travel Direction: **NSE** 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** BAC Test Result: **1**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1**

| 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 # **S10442807** St **MA** DOB/Age **07/14/1988** Reg # **2KXW77** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2018** Veh Make **FORD** Veh Config. **1**
 Operator **SPAULDING, JESSICA MARIE** Owner **SPAULDING, DONALD PAUL JR**
 Address **17 MOUNT PLEASANT ST** Address **17 MOUNT PLEASANT ST**
 City **OXFORD** State **MA** Zip **01540-2815** City **OXFORD** State **MA** Zip **01540-2815**
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** Damaged Area Code: **2**
 Vehicle Travel Direction: **NSE** 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 **19** BAC Test Result: **1**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**
 Viol. 3: Ch/Sec/Sub _____ 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 |
|--|-----------|-------------------|-----------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Operator/Non-Motorist | See Above | XXXXXX | XXXX | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |

