

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 12/12/2023	Time of Crash 1538 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 45	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____		Route# 489 Direction WASHINGTON ST Address # _____ Name of Roadway/Street _____	
At _____		_____ Feet N S E W of _____ or _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet N S E W of _____ Mile Marker _____ Exit Number _____	
Also at Intersection with _____		Route# _____ Intersecting Roadway/Street _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet N S E W of _____	
		Landmark _____	

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped **Crash Report ID# 23-424-AC**

License # S77831428 St MA DOB/Age 09/04/1991	Reg # 9SD316 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2017 Veh Make NISSAN Veh Config. 1 21
Operator SAGASTIBELZA, ASHLEY J Last First Middle	Owner SAGASTIBELZA, ASHLEY J Last First Middle
Address 263 MECHANIC ST 3RD FL	Address 263 MECHANIC ST 3RD FL
City SOUTHBRIDGE State MA Zip 01550-1833	City SOUTHBRIDGE State MA Zip 01550-1833
Insurance Company PROGRESSIVE DIRECT INSURA	Vehicle Action Prior to Crash 2 22 Damaged Area Code: 4 27 27 27
Vehicle Travel Direction: N S E X 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: 1 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? 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	09/04/1991	F	1	1	4	0	0	10	1	
SEAN ALEXIS	330 CHARLTON ST SOUTHBRIDGE, MA 01550-1456	09/19/2001	U	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # S82467698 St MA DOB/Age 09/27/1988	Reg # T57300 Reg Type CO Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____	Veh Year 2015 Veh Make CHEVROLET Veh Config. 1 21
Operator LAFLAMME, DAVID HARVEY JR Last First Middle	Owner LANDRY MECHANICAL INC Last First Middle
Address 5 KING AVE APT 1	Address 41 BAY PATH RD
City MONSON State MA Zip 01057-1405	City CHARLTON State MA Zip 01507-0000
Insurance Company FEDERATED SERVICE INSURAN	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27
Vehicle Travel Direction: N S E X 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: 1 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? 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	09/27/1988	M	1	1	4	0	0	10	1	

