

Date of Crash 05/08/2024	Time of Crash 1536 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 0	Speed Limit <u>10</u>	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# <u>802</u> Direction _____ Address # <u>OXFORD STREET SO</u> Name of Roadway/Street _____	
At _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____	
Also at Intersection with _____		Route# _____ Intersecting Roadway/Street _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	
		Landmark _____	

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Vulnerable User

Crash Report ID# **24-191-AC**

License # <u>S64433384</u> St <u>MA</u> DOB/Age <u>11/07/1986</u>	Reg # <u>V94432</u> Reg Type <u>CON</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2020</u> Veh Make <u>RAM</u> Veh Config. <u>2</u> <u>21</u>
Operator <u>FIGUEROA TORRES, CARMEN VERONICA</u>	Owner <u>AMAZON LOGISTICS INC</u>
Address <u>50 OUTLOOK DR APT 14</u>	Address <u>1165 SANCTUARY PKWY</u>
City <u>WORCESTER</u> State <u>MA</u> Zip <u>01602-3024</u>	City <u>ALPHARETTA</u> State <u>GA</u> Zip <u>30009</u>
Insurance Company <u>ARCH INSURANCE CO</u>	Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) <u>711152AC</u>	Most Harmful Event <u>23</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub <u>90</u> <u>24</u> Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>99</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>99</u> <u>31</u> Susp. Drug: <u>99</u> <u>32</u>
	Towed from scene? <u>2</u> <u>33</u>

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	<u>1</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following: Vehicle 2 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year _____ Veh Make _____ Veh Config. <u>21</u>
Operator _____	Owner _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>26</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>33</u>

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/Occupants	See Above	XXXXXX	XXXX	<u>1</u>							

