

Date of Crash **06/19/2024** Time of Crash **0637** 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:

1 **1** **2** **11**

20 W WASHINGTON ST
Route# Direction Name of Intersecting Roadway/Street

APPLETON RD
Route# Direction Name of Roadway/Street

At

Feet **N S E W** of _____ of _____ or _____
Mile Marker Exit Number

Feet **N S E W** of _____ of _____
Route# Intersecting Roadway/Street

Feet **N S E W** of _____ of _____
Route# Intersecting Roadway/Street

Landmark

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-200-AC**

1 **12** **1** **13**

License # **089941266** St **CT** DOB/Age **08/13/2003** Reg # **BM65840** Reg Type **PAN** Reg State **CT**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL **Endorsement** Veh Year **2021** Veh Make **TOYOTA** Veh Config. **1 21**

Operator **DA LUZ FELICIO, ANA JULIA** Owner **DA LUZ FELICIO, JULIANA SILVA**

Address **370 POMPEO RD** Address **370 POMPEO RD**

City **N GROSVENORDALE** State **CT** Zip **06255** City **NORTH GROSVENORDALE** State **CT** Zip **06255-1217**

Insurance Company **GEICO Choice Insurance Co** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) **718831AC** Most Harmful Event **1 24** Type of Test: **0 29**

Viol. 1: Ch/Sec/Sub **90 14** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **6 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **1 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	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	X	1	99	4	0	0	10	1	

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

2 **14** **1** **14**

License # **S68886052** St **MA** DOB/Age **08/23/1976** Reg # **83J820** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **A 19 19** Lic. Restrictions **1 20** CDL **N** Veh Year **2014** Veh Make **ACURA** Veh Config. **1 21**

Operator **SANTIAGO, WASCAL A** Owner **SANTIAGO, WASCAL A**

Address **10 HONEYSUCKLE LN** Address **10 HONEYSUCKLE LN**

City **SHREWSBURY** State **MA** Zip **01545-3231** City **SHREWSBURY** State **MA** Zip **01545-3231**

Insurance Company **PROGRESSIVE DIRECT INSURA** 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 21 23 35 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **0 29**

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Operator/Occupants	See Above	XXXXXX	X	1	1	3	0	0	■	1	

