

Date of Crash **02/04/2024** Time of Crash **1516** 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:

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# **861** Direction _____ Address # **SOUTHBRIDGE ST** 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 **12** #Occupants Hit/Run Moped Crash Report ID# **24-45-AC**

License # **992931244** St **NY** DOB/Age **07/06/1994** Reg # **LCB4705** Reg Type **PAN** Reg State **NY**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **NISSAN** Veh Config. **1 21**

Operator **SABAG, BERNARD ETHAN** Owner **SHAMTOOB, RASHEL HOMA**

Address **1580 PRESIDENT ST APT 25** Address **150 OYSTER BAY RD**

City **BROOKLYN** State **NY** Zip **11213** City **LOCUST VLLY** State **NY** Zip **11560**

Insurance Company **GEICO GEN INS CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **6 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 **99 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 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	XXXXXX	XXXX	1	1	4	0	0	10	1	
RASHEL SHAMTOOB	150 OYSTER BAY RD LOCUST VLLY, NY 11560	12/13/1994	F	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 # **S31517116** St **MA** DOB/Age **12/10/1976** Reg # **8XG487** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D M 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2003** Veh Make **JEEP** Veh Config. **1 21**

Operator **ROY, JASON PAUL** Owner **ROY, JASON PAUL**

Address **3 CAUSEWAY RD** Address **3 CAUSEWAY RD**

City **HOLLAND** State **MA** Zip **01521-2300** City **HOLLAND** State **MA** Zip **01521-2300**

Insurance Company **NORFOLK & DEDHAM MUTUAL F** Vehicle Action Prior to Crash **5 22** Damaged Area Code: **2 27 27 27**

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

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Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

