

Date of Crash **02/19/2024** Time of Crash **1450** 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:

SOUTHBRIDGE ST
Route# Direction Name of Roadway/Street
At
PROSPECT ST
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# **24-61-AC**

License # **S73867817** St **MA** DOB/Age **02/16/1974** Reg # **3GSW15** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement
Operator **METCALF, KERRY L** Owner **METCALF, KERRY L**
Address **22 FRANKLIN ST** Address **22 FRANKLIN ST**
City **LEICESTER** State **MA** Zip **01524-1505** City **LEICESTER** State **MA** Zip **01524-1505**
Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **2** Damaged Area Code: **8**
Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** Test Status: **28**
Citation # (If Issued) Most Harmful Event **1** Type of Test: **29**
Viol. 1: Ch/Sec/Sub Driver Contributing Code **1** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub Driver Distracted by **0** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **2**

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	X	X	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 # **SA4121950** St **MA** DOB/Age **12/10/2003** Reg # **6APS59** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement
Operator **DA SILVA, MARINETE DE FATIMA** Owner **DA SILVA, MARINETE DE FATIMA**
Address **100 DORCHESTER ST APT 3** Address **100 DORCHESTER ST APT 3**
City **WORCESTER** State **MA** Zip **01604-6079** City **WORCESTER** State **MA** Zip **01604-6079**
Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **10** Damaged Area Code: **4**
Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1** Test Status: **28**
Citation # (If Issued) Most Harmful Event **1** Type of Test: **29**
Viol. 1: Ch/Sec/Sub Driver Contributing Code **19** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub Driver Distracted by **0** Susp. Alcohol: **31** Susp. Drug: **32**
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	X	X	1	1	4	0	0	10	1

