

Date of Crash **05/16/2025** Time of Crash **2017** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **1** Speed Limit **50** 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# **310** Direction \_\_\_\_\_ Address # **WASHINGTON ST** Name of Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet  N  S  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 **1** #Occupants  Hit/Run  Moped **Crash Report ID# 25-167-AC**

License # **SA6710827** St **MA** DOB/Age **03/27/1992** Reg # **3A3769** Reg Type **MCN** Reg State **MA**  
 Sex **M** Lic. Class **D 19 19 M** Lic. Restrictions **1 20** CDL \_\_\_\_\_ Veh Year **2018** Veh Make **BMW** Veh Config. **3 21**  
 Operator **QUINTERO ARIAS, VICTOR H** Owner **QUINTERO ARIAS, VICTOR H**  
 Address **138 FERRY ST APT 2** Address **138 FERRY ST APT 2**  
 City **EVERETT** State **MA** Zip **02149-5638** City **EVERETT** State **MA** Zip **02149-5638**  
 Insurance Company **PROGRESSIVE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 27 27**  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2** Event Sequence **97 23 23 23 23** Test Status: **1 28**  
 Citation # (If Issued) **430328AD** Most Harmful Event **97 24** Type of Test: **0 29**  
 Viol. 1: Ch/Sec/Sub **90 17** Viol. 2: Ch/Sec/Sub **90 24E** Driver Contributing Code **10 25 2 25** BAC Test Result: **1 30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99 26 99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Towed from scene? **1 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	<del>XXXXXX</del>

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 **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**  
 Operator \_\_\_\_\_ Owner \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? \_\_\_\_\_ Event Sequence **23 23 23 23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **25 25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26 26** Susp. Alcohol: **31** Susp. Drug: **32**  
 Towed from scene? **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
<b>Operator/Occupants</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>							

