

Date of Crash **04/02/2025** Time of Crash **1717** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **1** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

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# **5** Direction _____ Address # _____ Name of Roadway/Street **WASHINGTON ST**
 _____ 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 **1** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **25-120-AC**

License # **SA4060613** St **MA** DOB/Age **04/01/2004** Reg # **5LPW57** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D M** Lic. Restrictions **20** CDL _____ Veh Year **2019** Veh Make **RAM** Veh Config. **2**
 Operator **VALLEE, TRISTEN JOSEPH** Owner **WORCESTER COUNTY ELECTRICAL**
 Address **43 WALSH AVE** Address **42 DAVIDSON RD**
 City **AUBURN** State **MA** Zip **01501** City **CHARLTON** State **MA** Zip **01507-1514**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** Damaged Area Code: **5**
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1 23 1 23 23 23** Test Status: **1 27 27 27**
 Citation # (If Issued) **309870AD** Most Harmful Event **1 24** Type of Test: **0 29**
 Viol. 1: Ch/Sec/Sub **90 13B** Viol. 2: Ch/Sec/Sub **89 4A** Driver Contributing Code **20 25 12 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub **90 20** Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **4 26 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
Operator		See Above	X	X	1	1	3	0	0	8	1

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

License # **S55765258** St **MA** DOB/Age **01/29/1979** Reg # **7CD766** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D M** Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **LEXUS** Veh Config. **1**
 Operator **SENSANO, MIGUEL ALEJANDRO** Owner **SENSANO, MIGUEL ALEJANDRO**
 Address **3 ROSE ST APT 1** Address **3 ROSE ST APT 1**
 City **WORCESTER** State **MA** Zip **01607-2101** City **WORCESTER** State **MA** Zip **01607-2101**
 Insurance Company **USAA GENERAL INDEMNITY CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **8**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 27 27 27**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **0 29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 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
Operator/Occupants		See Above	X	X	1	1	3	0	2	10	1

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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# **5** Direction _____ Address # _____ Name of Roadway/Street **WASHINGTON ST**

_____ 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 **3** #Occupants Hit/Run Moped **Crash Report ID# 25-120-AC**

License # **S76109062** St **MA** DOB/Age **07/22/1980** Reg # **4CBG95** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **A 19 19 M** Lic. Restrictions **B 20** CDL **N** Veh Year **2004** Veh Make **CHEVROLET** Veh Config. **1 21**

Operator **MCCALL, MATTHEW L** Owner **MCCALL, TYLER LLOYD**

Address **65 S OXFORD RD** Address **65 S OXFORD RD**

City **MILLBURY** State **MA** Zip **01527-1034** City **MILLBURY** State **MA** Zip **01527-1034**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **6 27 27 27**

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

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

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

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 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	X	X	1	1	4	0	0	10	1

Please Select One of the Following: Vehicle **4** #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
Operator/Occupants		See Above	X	X	1						

