

Date of Crash 09/13/2022 Time of Crash 0613 24HR City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

AUBURN ST

Feet N S E W of Mile Marker Exit Number

200 Feet N S E W of **BRYN MAWR AVE**

Route# Intersecting Roadway/Street

Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 22-292-AC**

License # **S76650991** St **MA** DOB/Age **05/15/1980** Reg # **8MP787** Reg Type **PAN** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement Veh Year **2002** Veh Make **CADILLAC** Veh Config. **1**

Operator **POPE, DANIEL VARNEY** Owner **POPE, DANIEL VARNEY**

Address **67 OLD FARM RD** Address **67 OLD FARM RD**

City **DOUGLAS** State **MA** Zip **01516-2548** City **DOUGLAS** State **MA** Zip **01516-2548**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **7** Damaged Area Code **1 27 3 27 27**

Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **40 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) **T2805410** Most Harmful Event **22 24** Type of Test **29**

Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **89 4A** Driver Contributing Code **20 25 9 25** BAC Test Result **30**

Viol. 3: Ch/Sec/Sub **90 13B/A** Viol. 4: Ch/Sec/Sub Driver Distracted by **1 26** Susp. Alcohol **2 31** Susp. Drug **2 32**

Towed from scene? **2 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			1	99	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 # **S38077783** St **MA** DOB/Age **09/29/1937** Reg # **6WS442** Reg Type **PAN** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2015** Veh Make **HONDA** Veh Config. **1**

Operator **VANMOLL, SHIRLEY A** Owner **VANMOLL, SHIRLEY A**

Address **59 EVELYN ST APT 510** Address **59 EVELYN ST APT 510**

City **WORCESTER** State **MA** Zip **01607-1597** City **WORCESTER** State **MA** Zip **01607-1597**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 10 27 27**

Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **22 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) Most Harmful Event **22 24** Type of Test **29**

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

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **0 26** Susp. Alcohol **2 31** Susp. Drug **2 32**

Towed from scene? **1 33**

Please fill out for operator/non-motorist 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/Non-Motorist	See Above			1	1	4	0	0	10	1	

