

Date of Crash 07/01/2023, Time of Crash 2029, City/Town Auburn, Motor Vehicle Crash Police Report, Number Vehicles 2, Number Injured 3, Speed Limit, Latitude, Longitude, State Police, Local Police, MBTA Police, Campus Police, Other.

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# 97, Direction, Name of Roadway/Street, At, Route# 72, Direction, Address # AUBURN ST, Name of Roadway/Street, Feet N S E W of, Mile Marker, Exit Number, Route# Intersecting Roadway/Street, Feet N S E W of, Landmark.

Please Select One of the Following: [X] Vehicle 13 #Occupants, [] Hit/Run, [] Moped, Crash Report ID# 23-218-AC

License # 178817879, St CT, DOB/Age 05/06/1992, Reg # BA29535, Reg Type PAN, Reg State CT, Sex M, Lic. Class D, Lic. Restrictions 20, CDL Endorsement, Operator VALENTA, JOSEPH JAMES, Owner VALENTA, PATRICE, Address 508 PLAIN HILL RD APT B2, Address 15 POTTS RD, City NORWICH, State CT, Zip 06360, City GRISWOLD, State CT, Zip 06351-1124, Insurance Company Allstate Insurance Compan, Vehicle Action Prior to Crash 97 22, Damaged Area Code: 5 27 27 27, Vehicle Travel Direction: N X E W, Responding to Emergency? 2, Event Sequence 1 23 23 23 23, Test Status: 28, Most Harmful Event 1 24, Type of Test: 29, Citation # (If Issued), Driver Contributing Code 1 25 25, BAC Test Result: 30, Viol. 1: Ch/Sec/Sub, Viol. 2: Ch/Sec/Sub, Driver Distracted by 0 26, Susp. Alcohol: 31, Susp. Drug: 32, Towed from scene? 1 33.

Table with columns: 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. Rows for Operator, BRANDON TOURJEE, PAUL WARNER.

Please Select One of the Following: [X] Vehicle 23 #Occupants, [] Non-Motorist A, Type 15, Action 16, Location 17, Condition 18, [] Hit/Run, [] Moped

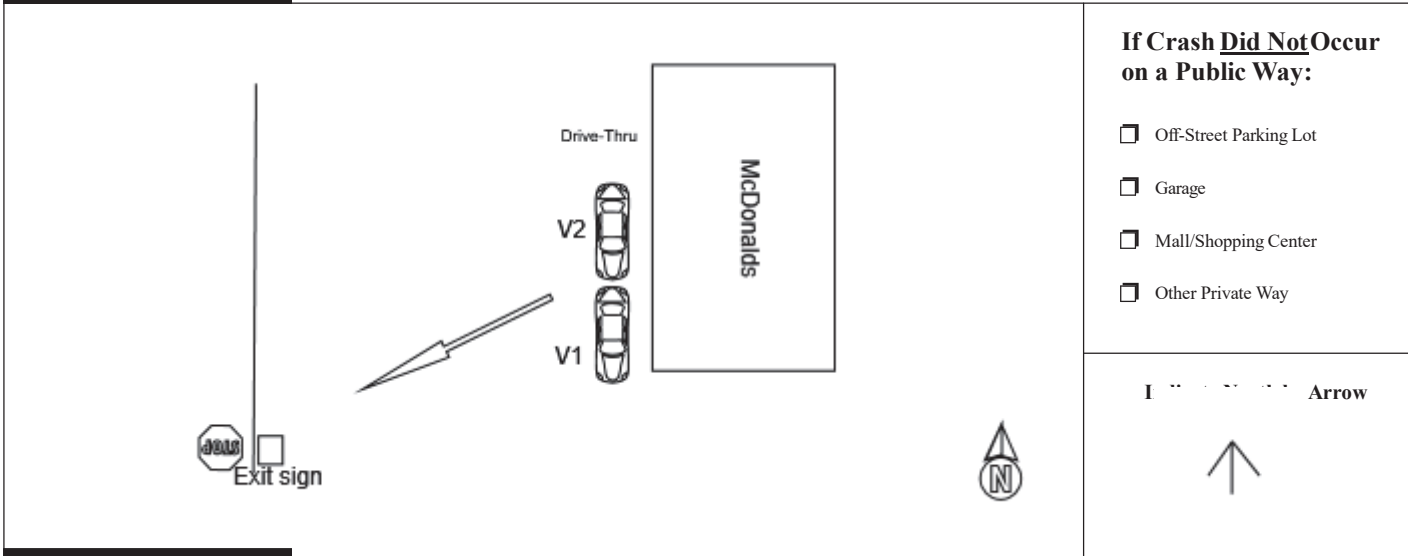
License # 770199680, St NY, DOB/Age 06/12/1955, Reg # KVG6586, Reg Type PAN, Reg State NY, Sex M, Lic. Class D, Lic. Restrictions 20, CDL Endorsement, Operator GILBERT, YVES, Owner GILBERT, EMELYNE, Address 973 CRAMER CT, Address 973 CRAMER CT, City NORTH BALDWIN, State NY, Zip 11510, City BALDWIN, State NY, Zip 11510, Insurance Company GOVERNMENT EMPLOY INS CO, Vehicle Action Prior to Crash 97 22, Damaged Area Code: 1 27 27 27, Vehicle Travel Direction: N X E W, Responding to Emergency? 2, Event Sequence 1 23 23 23 23, Test Status: 28, Most Harmful Event 1 24, Type of Test: 29, Citation # (If Issued), Driver Contributing Code 99 25 25, BAC Test Result: 30, Viol. 1: Ch/Sec/Sub, Viol. 2: Ch/Sec/Sub, Driver Distracted by 0 26, Susp. Alcohol: 31, Susp. Drug: 32, Towed from scene? 1 33.

Table with columns: 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. Rows for Operator/Non-Motorist, EMELYNE GILBERT, NOREMIA MERVEILLE.

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ☺ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ☺



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate direction with Arrow



Crash Narrative:

V1 and V2 were stopped in the drive-thru at McDonalds, 72 Auburn Street. V2 suddenly accelerated, colliding with V1 that was stopped. V2 then accelerated through the parking lot, colliding with both the stop sign and exit sign before coming to rest across the street. The operator of V2 stated that he accidentally pressed the gas pedal while waiting for his food in the drive-thru.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MCDONALDS	72 AUBURN ST AUBURN MA		97	STOP SIGN & EXIT SIGN

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42
 Address _____ City _____ St _____ Zip _____
 US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____
 Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45
 Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrolman Matthew Laskes 72ML Auburn Police Department 07/01/2023
 Police Officer Name (Please Print) ID/Badge # Department Precinct/Barracks Date
 Signature