

Date of Crash **07/10/2023** Time of Crash **0822** 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:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

WASHINGTON 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 _____
 Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-224-AC**

License # **S77228798** St **MA** DOB/Age **06/18/1993** Reg # **W76039** Reg Type **CON** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2022** Veh Make **International** Veh Config. **6 21**
 Operator **ALICEA, LUIS G** Owner **BOSTON BATTERY WHOLESALE LLC**
 Address **17 SHADOWBROOK LN APT 35** Address **235 E MAIN ST**
 City **MILFORD** State **MA** Zip **01757-1140** City **MILFORD** State **MA** Zip **01757-2836**
 Insurance Company **THE TRAVELERS INDEMNITY C** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **0 27 27 27**
 Vehicle Travel Direction: **N S X 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: **99 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** 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	XXXXXX	XXXX	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

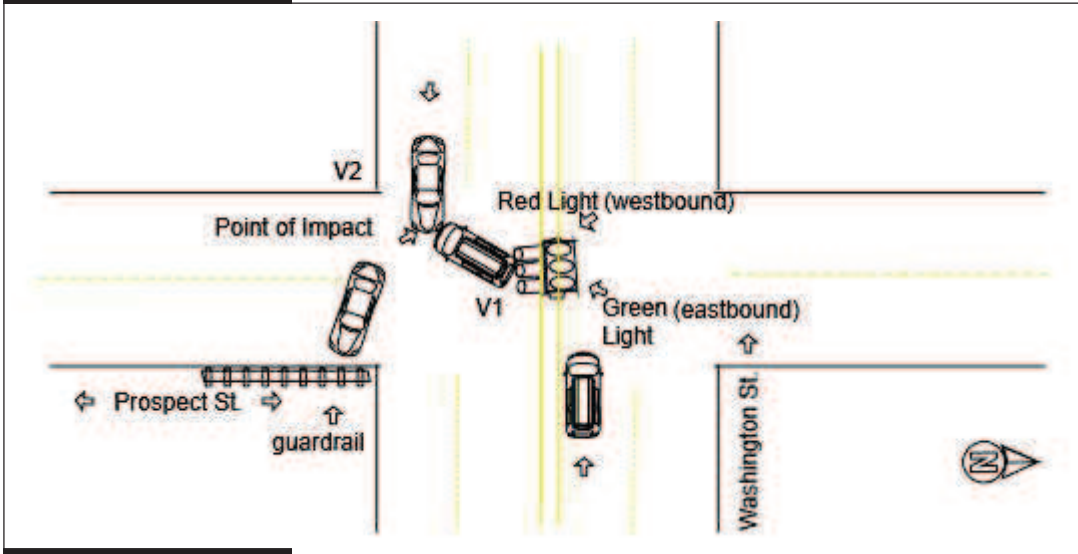
License # **S79710408** St **MA** DOB/Age **08/08/1988** Reg # **855HD1** Reg Type **PAN** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2022** Veh Make **TOYOTA** Veh Config. **1 21**
 Operator **WISSEH, ANNETTE D** Owner **WISSEH, ANNETTE D**
 Address **7 LINDEN ST** Address **7 LINDEN ST**
 City **WINCHENDON** State **MA** Zip **01475-1414** City **WINCHENDON** State **MA** Zip **01475-1414**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 27 27**
 Vehicle Travel Direction: **N S X 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: **99 29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 22 25** BAC Test Result: **1 30**
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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	XXXXXX	XXXX	1	1	4	0	0	10	1	

→ = 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

Direction Arrow



Crash Narrative:

Vehicle 1 was traveling eastbound on Washington St. (public way) and had a green signal, turning onto Prospect St. (public way). Vehicle 2 was traveling westbound on Washington St. and traveled through a red light signal striking vehicle 1. Vehicle 1 sustained no damage. Vehicle 2 sustained damage to its front passenger side quarter panel and tire. Vehicle 2 arranged for its own tow while both vehicles were off the roadway in the Chuck's Steak House parking lot. No injuries to report.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

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 Derek P Courchaine

Police Officer Name (Please Print)

Signature

75DC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/10/2023

Date