

Date of Crash **10/15/2023** Time of Crash **1511** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

MILLBURY ST
 Route# _____ Direction _____ Name of Roadway/Street _____
 At _____
WASHINGTON ST
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-342-AC**

License # **S76393065** St **MA** DOB/Age **11/02/1940** Reg # **18GD14** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **99** CDL Endorsement _____ Veh Year **2019** Veh Make **SUBARU** Veh Config. **1**
 Operator **MARKARIAN, JOANNE LEE** Owner **MARKARIAN, JOANNE LEE**
 Address **47 WASHINGTON ST APT 27** Address **47 WASHINGTON ST APT 27**
 City **AUBURN** State **MA** Zip **01501-3030** City **AUBURN** State **MA** Zip **01501-3030**
 Insurance Company **NORFOLK & DEDHAM MUTUAL F** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** **27** **8** **27** **27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **99** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99** **26** Susp. Alcohol: **31** Susp. Drug: **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	XXXXXX	X	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

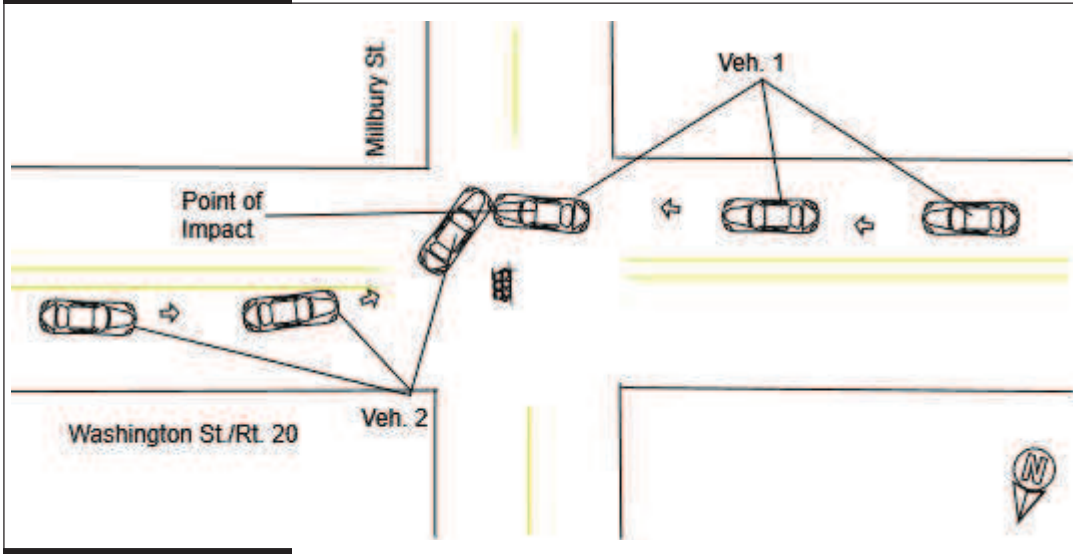
License # **S65261042** St **MA** DOB/Age **01/30/1947** Reg # **24MC94** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **99** CDL Endorsement _____ Veh Year **2019** Veh Make **SUBARU** Veh Config. **1**
 Operator **OCONNOR, HARRIET E** Owner **OCONNOR, HARRIET E**
 Address **9 LOCUST ST** Address **9 LOCUST ST**
 City **DOUGLAS** State **MA** Zip **01516-2441** City **DOUGLAS** State **MA** Zip **01516-2441**
 Insurance Company **NORFOLK & DEDHAM MUTUAL F** Vehicle Action Prior to Crash **4** Damaged Area Code: **2** **27** **1** **27** **27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **99** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99** **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **1** **33**

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	X	1	1	1	0	0	●	●	██████████

→ = 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

↓ Arrow

Crash Narrative:

Vehicle 1 was travelling east on Washington St. Vehicle 2 was travelling west on Washington Street and turning left onto Millbury St. The operator of vehicle 1 stated she had the green light east bound. I did not speak to the operator of vehicle 2

Operator

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 Kendall L Perrault

Police Officer Name (Please Print)

Signature

79KP

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/15/2023

Date