

Date of Crash 11/20/2023	Time of Crash 1920 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 2	Speed Limit <u>30</u>	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

LEICESTER ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ BRYN MAWR AVE Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ _____ Landmark _____	
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Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped **Crash Report ID# 23-395-AC**

License # S79217850 St MA DOB/Age 03/09/1992	Reg # 1CEF39 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL _____ Endorsement _____	Veh Year 2013 Veh Make CHRYSLER Veh Config. 1 21
Operator LOPEZ-ROSARIO, JORGE L Last First Middle	Owner ROSARIO, KATI Last First Middle
Address 73 OUTLOOK DR APT 14	Address 73 OUTLOOK DR APT 14
City WORCESTER State MA Zip 01602-3030	City WORCESTER State MA Zip 01602-3030
Insurance Company PLYMOUTH ROCK ASSURANCE C	Vehicle Action Prior to Crash 1 22
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 1 27 2 27 27
Citation # (If Issued) _____	Event Sequence 1 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: 28
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: 29
	Most Harmful Event 1 24
	BAC Test Result: 30
	Driver Contributing Code 1 25 25
	Susp. Alcohol: 31 Susp. Drug: 32
	Driver Distracted by 0 26
	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	_____	_____	1	1	1	0	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
KATI ROSARIO	73 OUTLOOK DR WORCESTER, MA 01602-3030	11/29/1967	F	3	1	1	0	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

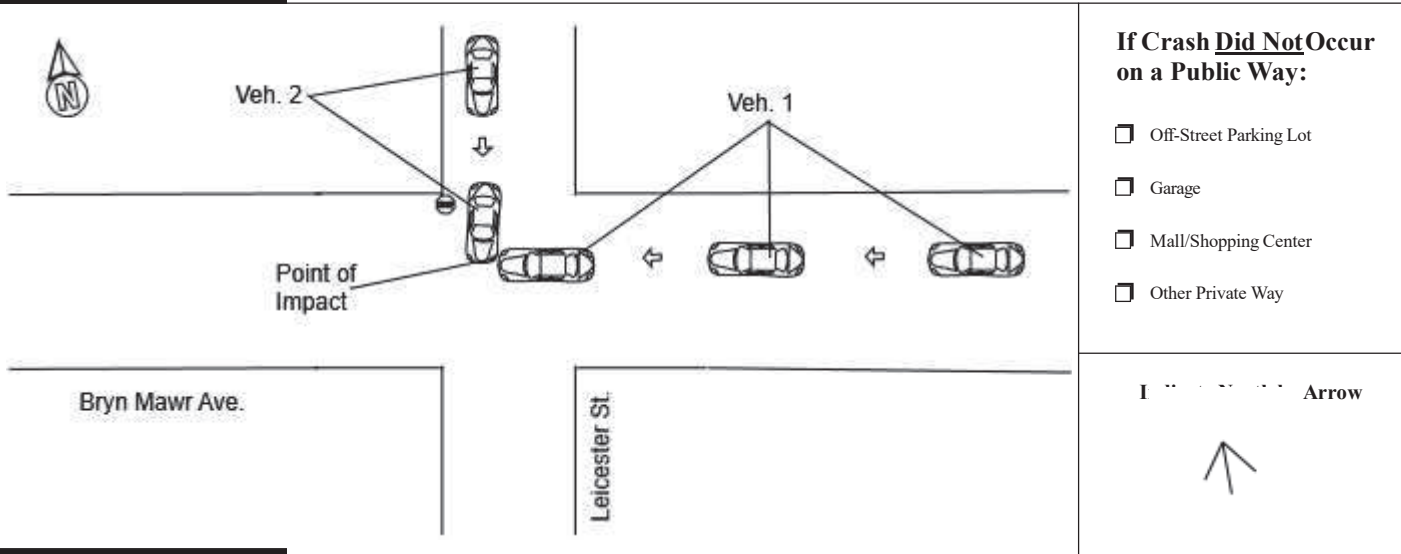
License # S12896990 St MA DOB/Age 06/29/1963	Reg # VT30624 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL _____ Endorsement _____	Veh Year 2023 Veh Make CHEVROLET Veh Config. 1 21
Operator BENNETT, JOSEPH ANTHONY Last First Middle	Owner BENNETT, JOSEPH ANTHONY Last First Middle
Address 918 STAFFORD ST	Address 918 STAFFORD ST
City ROCHDALE State MA Zip 01542-1204	City ROCHDALE State MA Zip 01542-1204
Insurance Company PLYMOUTH ROCK ASSURANCE C	Vehicle Action Prior to Crash 1 22
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 1 27 8 27 27
Citation # (If Issued) _____	Event Sequence 1 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Test Status: 28
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Type of Test: 29
	Most Harmful Event 1 24
	BAC Test Result: 30
	Driver Contributing Code 3 25 25
	Susp. Alcohol: 31 Susp. Drug: 32
	Driver Distracted by 99 26
	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	_____	_____	1	99	3	0	0	10	1	_____

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Vehicle 1 was travelling straight on Bryn Mawr Ave. Vehicle 2 was travelling on Leicester St. approaching the stop sign. Vehicle 2 failed to stop at the stop sign and collided with vehicle 1. Both vehicles sustained heavy front end damage and air bag deployment.

The operator of vehicle 2 stated his foot must have slipped off the brake pedal. Operator of vehicle 2 was picked up by a family member. Dorenzo's Towing removed both vehicles from the roadway.

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 79KP Auburn Police Department 11/20/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date