

Date of Crash **04/17/2024** Time of Crash **1059** 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:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

WASHINGTON ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
MILLBURY ST
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 **N S E W** of _____ or _____
Mile Marker _____ Exit Number _____
Feet **N S E W** of _____
Route# _____ Intersecting Roadway/Street _____
Feet **N S E W** of _____
Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 24-115-AC**

License # **S45354384** St **MA** DOB/Age **03/18/1989** Reg # **623LW3** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2015** Veh Make **TOYOTA** Veh Config. **1 21**
Operator **TRAN, KIM PHUONG NGOC** Owner **DIEP, TRAN LUU**
Address **41 OAK POND AVE** Address **41 OAK POND AVE**
City **MILLBURY** State **MA** Zip **01527-3629** City **MILLBURY** State **MA** Zip **01527-3629**
Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 0 27 99 27**
Vehicle Travel Direction: **N S E X** Responding to Emergency? **1** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **31** Susp. Drug: **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	X	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

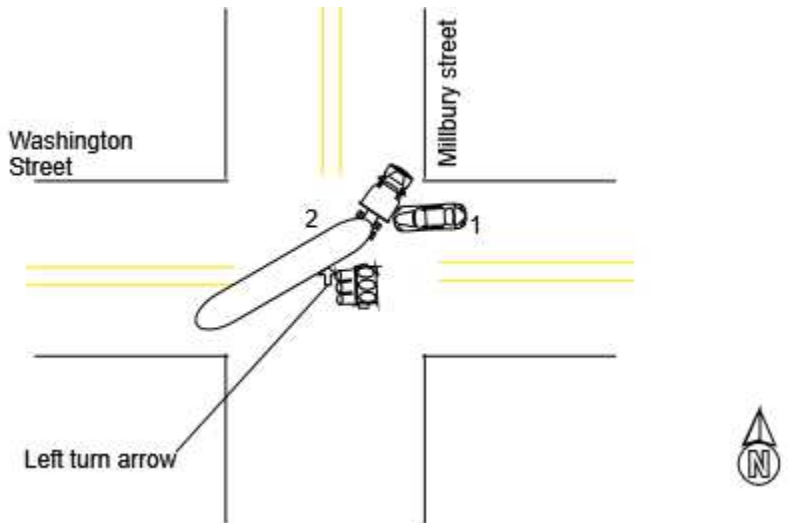
License # **B420738831870** St **FL** DOB/Age **05/27/1983** Reg # **P1025420** Reg Type **APN** Reg State **IL**
Sex **M** Lic. Class **A 19 19** Lic. Restrictions **1 20** CDL **P** Veh Year **2022** Veh Make **Truck** Veh Config. **10 21**
Operator **BLAISE, ROBERMANN VALENTINO** Owner **ALL STAR GROUP LEASING LLC**
Address **350 NW BILTMORE ST** Address **8538 W CATHERINE AVE UNIT 1S**
City **PORT SAINT LUCIE** State **FL** Zip **34983** City **CHICAGO** State **IL** Zip **60656**
Insurance Company **MIDWEST EXPRESS INC** 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: **29**
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Operator/Occupants	See Above	XXXXXX	X	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

↑ Arrow



Crash Narrative:

Vehicle 1 was traveling westbound on RT 20 with a green light. Vehicle 2 had a blinking yellow light and was turning left onto Millbury Street. Vehicle 1 did not see vehicle 2 until it came over the hill on Route 20. Vehicle 2 saw vehicle 1 failing to slow down, he immediately stopped so vehicle 1 would collide with the cab of the truck and not collide with the trailer.

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 ANDREW F MARKVENAS 93AM Auburn Police Department 04/17/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date