

Date of Crash **02/02/2024** Time of Crash **1151** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

SOUTH ST
Route# Direction Name of Roadway/Street
At
STONE 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 **12** #Occupants Hit/Run Moped Crash Report ID# **24-41-AC**

License # **S71050322** St **MA** DOB/Age **12/17/1993** Reg # **8PD896** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement
Operator **WISE, GREGORY K** Owner **WISE, JENA LOIS**
Address **45 BAILEY ST** Address **267 SOUTH ST**
City **WORCESTER** State **MA** Zip **016**** City **AUBURN** State **MA** Zip **01501**
Insurance Company **UNITED SERVICES AUTOMOBIL** Vehicle Action Prior to Crash **1** Damaged Area Code: **8**
Vehicle Travel Direction: **N** **E** **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 **1** **25** **25** BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub Driver Distracted by **0** **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	X	X	1	99	1	0	0	10	1
JENA WISE		267 SOUTH ST AUBURN, MA 01501	F	3	99	1	0	0	10	1	

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

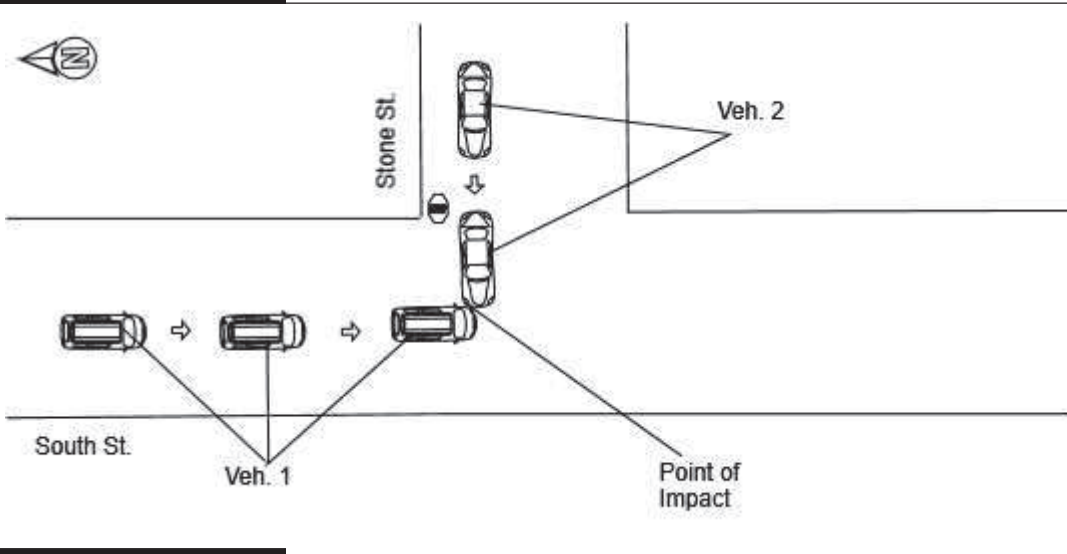
License # **SA1370778** St **MA** DOB/Age **05/14/2003** Reg # **3LYS21** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement
Operator **MOROZ, WILLIAM ROBERT** Owner **MOROZ, NANCY K**
Address **15 S OXFORD RD** Address **15 S OXFORD RD**
City **MILLBURY** State **MA** Zip **01527** City **MILLBURY** State **MA** Zip **01527-1008**
Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **6** Damaged Area Code: **2**
Vehicle Travel Direction: **N** **S** **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 **19** **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? **2** **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	X	X	1	99	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

Indicate Direction of Arrow



Crash Narrative:

Vehicle 1 was travelling southbound on South St. Vehicle 2 was travelling east on Stone St. Vehicle 2 proceeded into South St. and collided with vehicle 1. The operator of vehicle 2 stated he stopped at the stop sign on Stone St. and looked both ways. He stated he proceeded but must not have seen vehicle 1. There were no injuries reported and all occupants were checked out by Auburn Fire/EMS. Dorenzo's towing was called and removed Vehicle 1 from the scene.

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

02/02/2024

Date