

Date of Crash 11/14/2023	Time of Crash 1747 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 4	Number Injured 0	Speed Limit <u>25</u>	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
						Latitude _____					
						Longitude _____					

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

MILLBURY ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ PAKACHOAG 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 <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 1 #Occupants Hit/Run Moped **Crash Report ID# 23-382-AC**

License # <u>S92490422</u> St <u>MA</u> DOB/Age <u>04/05/1949</u>	Reg # <u>35NB14</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2021</u> Veh Make <u>BMW</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>GISE, MADELINE M</u> Last First Middle	Owner <u>FINANCIAL SERVICES VEHICLE TRUST</u> Last First Middle
Address <u>24 SAXON LN</u>	Address <u>1400 CITY VIEW DR</u>
City <u>SHREWSBURY</u> State <u>MA</u> Zip <u>01545</u>	City <u>COLUMBUS</u> State <u>OH</u> Zip <u>43215-1477</u>
Insurance Company <u>ALLMERICA FINANCIAL BENEF</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Contributing Code <u>2</u> <u>25</u> <u>25</u> Towed from scene? <u>1</u> <u>33</u>
	Driver Distracted by <u>0</u> <u>26</u>

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 # <u>S61964073</u> St <u>MA</u> DOB/Age <u>09/12/1958</u>	Reg # <u>2EE596</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2015</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>DAVIS, MICHAEL WARREN</u> Last First Middle	Owner <u>DAVIS, MICHAEL WARREN</u> Last First Middle
Address <u>14 WESTWOOD DR</u>	Address <u>14 WESTWOOD DR</u>
City <u>AUBURN</u> State <u>MA</u> Zip <u>01501-1226</u>	City <u>AUBURN</u> State <u>MA</u> Zip <u>01501-1226</u>
Insurance Company <u>FARMERS PROPERTY & CASUAL</u>	Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>1</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Towed from scene? <u>1</u> <u>33</u>
	Driver Distracted by <u>0</u> <u>26</u>

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	1	0	0	10	1	

Date of Crash **11/14/2023** Time of Crash **1747** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **4** Number Injured **0** Speed Limit **25** 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 _____
PAKACHOAG 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 **3** #Occupants Hit/Run Moped Crash Report ID# **23-382-AC**

License # **S27206291** St **MA** DOB/Age **03/24/1981** Reg # **53TY76** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2023** Veh Make **TOYOTA** Veh Config. **1 21**
 Operator **HOVAGIMIAN, JOSEPH RYAN** Owner **HOVAGIMIAN, JOSEPH RYAN**
 Address **62 HEMLOCK ST** Address **62 HEMLOCK ST**
 City **LEICESTER** State **MA** Zip **01524-1811** City **LEICESTER** State **MA** Zip **01524-1811**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **1 27 6 27 27**
 Vehicle Travel Direction: **N S E X** 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**
 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 **4** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

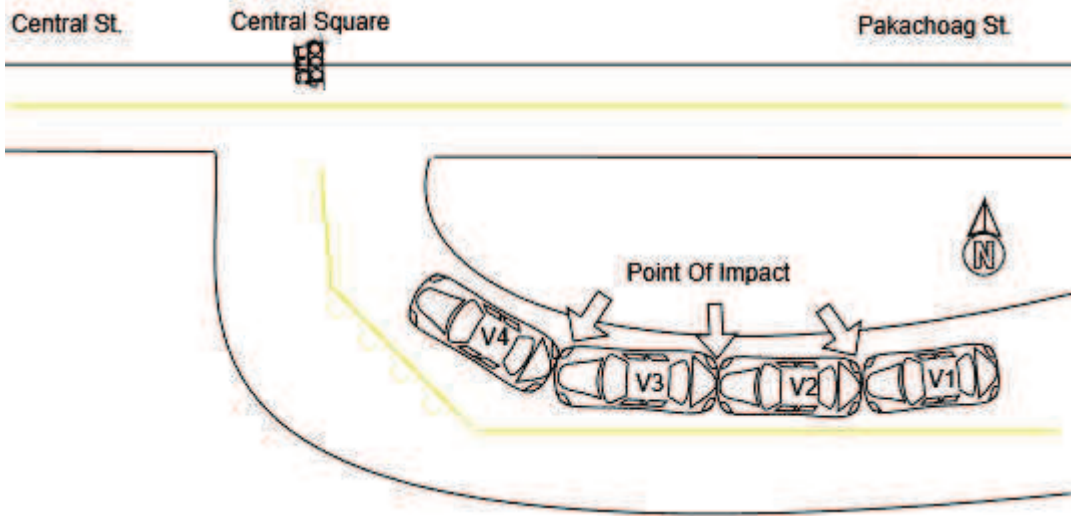
License # **S10021270** St **MA** DOB/Age **02/26/1998** Reg # **8VR131** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2018** Veh Make **NISSAN** Veh Config. **1 21**
 Operator **ZANAUSKAS, KATIE LYNNE** Owner **ZANAUSKAS, KATIE LYNNE**
 Address **4 LORING ST** Address **4 LORING ST**
 City **AUBURN** State **MA** Zip **01501-2808** City **AUBURN** State **MA** Zip **01501-2808**
 Insurance Company **VERMONT MUTUAL INSURANCE** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **5 27 27 27**
 Vehicle Travel Direction: **N S E X** 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**
 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/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

↑ Arrow



Crash Narrative:

V1 was traveling westbound on Millbury St. when they crashed into V2. V1 was not able to stop in time due to traffic conjection, which resulted into V1 crashing into V2. V2 was pushed into the back of V3, causing V3 to crash into the back of V4. V2 was the only vehicle that deployed airbags. V1 and V2 were both towed by Dorenzo's. No party involved was transported to the hospital.

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 Jason P Brooks

88JB

Auburn Police Department

11/14/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date