

Date of Crash 05/10/2024 Time of Crash 1518 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0 Speed Limit 50 State Police Local Police MBTA Police Campus Police Other: [] [] [] [] []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Location details for intersection: Route# 20 W 189 WASHINGTON ST, Direction, Name of Roadway/Street, At, Name of Intersecting Roadway/Street, Also at Intersection with, Landmark.

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped Crash Report ID# 24-135-AC

Operator/Owner details: License # S27384126, Reg # W36969, Operator HENRICKSON, FRANCIS JOHN, Owner POWERS, CHRISTOPHER SCOTT, Address 18 MONROE ST, 195 SPRING ST, City SHREWSBURY, MA.

Table with 10 columns: Name, Address, 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. Row 1: Operator, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1.

Please Select One of the Following: [X] Vehicle 2 Occupants [] Hit/Run [] Moped [] Vulnerable User Complete the Vulnerable User section.

Operator/Owner details: License # S86936782, Reg # 724RZ6, Operator DOHERTY, JANE MARGARET, Owner DOHERTY, DAVID PAUL, Address 6 ALEDA DR, City AUBURN, MA.

Table with 10 columns: Name, Address, 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. Row 1: Operator/Occupants, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1.

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Location details including Route#, Direction, Name of Roadway/Street, At, Name of Intersecting Roadway/Street, Also at Intersection with, Landmark.

Please Select One of the Following: [X] Vehicle 31 #Occupants [] Hit/Run [] Moped Crash Report ID# 24-135-AC

Operator and Owner information: License #, Sex, Lic. Class, Operator PITRO, PETER WILLIAM, Address 379 PAKACHOAG ST, City AUBURN, State MA, Zip 01501-2422.

Table with 12 columns: Name, Address, 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.

Please Select One of the Following: [] Vehicle 4 #Occupants [] Hit/Run [] Moped [] Vulnerable User Complete the Vulnerable User section.

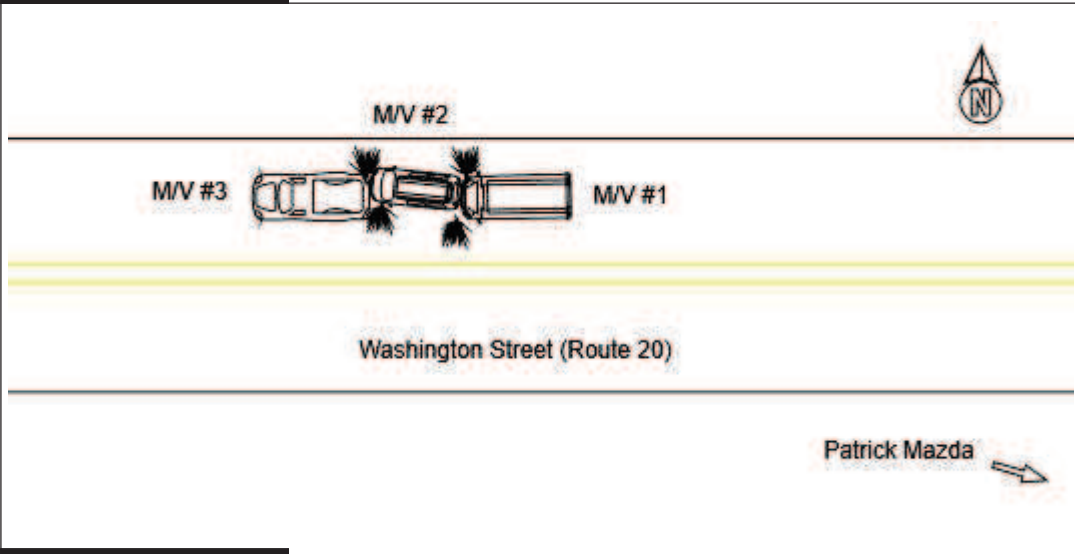
Operator and Owner information for a second vehicle: License #, Sex, Lic. Class, Operator, Address, City, State, Zip, Insurance Company, Vehicle Travel Direction, Responding to Emergency?, Citation #, Viol. 1-4, Driver Contributing Code, Driver Distracted by.

Table with 12 columns: Name, Address, 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.

→ = 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:

All involved M/V's were traveling west on Washington Street (Route 20). Traffic was heavy and congested at the time. M/V #1 struck the rear of M/V #2 pushing it into M/V #3.

Operator of #1 stated he accidentally hit the accelerator instead of the brake causing the collision.

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 Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/10/2024

Date