

Date of Crash **06/05/2024** Time of Crash **1151** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____
 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 Vulnerable User Complete the Vulnerable User section. Crash Report ID# **24-168-AC**

License # **S87608393** St **MA** DOB/Age **03/02/1969** Reg # **3FMG31** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2019** Veh Make **NISSAN** Veh Config. **1 21**
 Operator **ROSS, MICHAEL G** Owner **ROSS, MICHAEL G**
 Address **40 LELAND DR** Address **40 LELAND DR**
 City **CHARLTON** State **MA** Zip **01507-6675** City **CHARLTON** State **MA** Zip **01507-6675**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **N X E 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**
 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 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

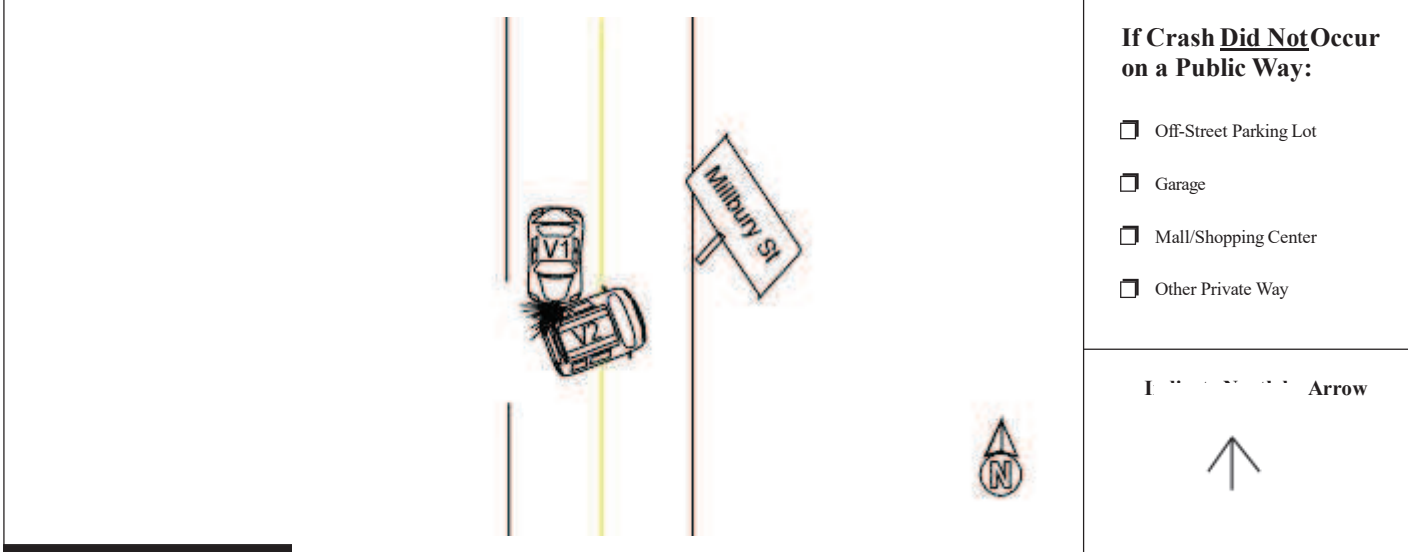
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	X	1	1	1	0	0	1	

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

License # **S50015852** St **MA** DOB/Age **06/01/1963** Reg # **152HT0** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2006** Veh Make **TOYOTA** Veh Config. **1 21**
 Operator **LIU, WANZHAO** Owner **LIU, WANZHAO**
 Address **54 GATES RD** Address **54 GATES RD**
 City **SHREWSBURY** State **MA** Zip **01545-2329** City **SHREWSBURY** State **MA** Zip **01545-2329**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **7 27 27 27**
 Vehicle Travel Direction: **X S E 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**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
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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/Occupants		See Above	X	X	1	1	4	0	0	10	1

Crash Diagram:



Crash Narrative:

At approximately 1151 hours on 06/05/2024, the Auburn Police Department received a phone call for a motor vehicle accident on Millbury St. I arrived on scene at approximately 1159 hours. Upon arrival I spoke with the Operator of Vehicle: 1 (V1) whom advised he was traveling at approximately 20 MPH prior to the accident. V1 stated that he was headed southbound on Millbury St after turning off of Washington St. _____

_____ I spoke with the Operator of Vehicle: 2 (V2) whom advised he was turning left onto Millbury St. V2 advised that he was traveling at approximately 10 MPH prior to the accident. V2 stated that his front tires crossed over the centerline prior to the accident. _____. Both vehicles were deemed operable and were driven from the scene by the respective operators.

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 Jordan D Ryan 90JR Auburn Police Department 06/05/2024