

Date of Crash 06/06/2024	Time of Crash 1110 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

MILLBURY ST		Route# _____ Direction _____ Name of Roadway/Street _____	
Route# _____ Direction _____ Name of Roadway/Street _____		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____	
At _____		_____ Feet N S E W of _____ or _____	
WASHINGTON ST		Mile Marker _____ Exit Number _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet N S E W of _____	
Also at Intersection with _____		Route# _____ Intersecting Roadway/Street _____	
Route# _____ Direction _____ Name of 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# **24-175-AC**

License # 119946720 St CT DOB/Age 11/16/1979	Reg # KSDF80 Reg Type PAN Reg State FL
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL _____	Veh Year 2017 Veh Make NISSAN Veh Config. 2
Operator MC GEE, TIMOTHY PETER	Owner GREGORY, KIMBERLY CAROL
Address 20 WALNUT DR	Address 20 WALNUT DR
City UNCASVILLE State CT Zip 06382	City UNCASVILLE State CT Zip 06382-1220
Insurance Company STATE FARM MUTUAL AUTOMO	Vehicle Action Prior to Crash 4
Vehicle Travel Direction: N S X W Responding to Emergency? 2	Damaged Area Code: 3
Citation # (If Issued) _____	Event Sequence 1 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event 1 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 99 25 25
	Driver Distracted by 99 26 26
	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	_____	_____	1	99	4	0	0	10	1	

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

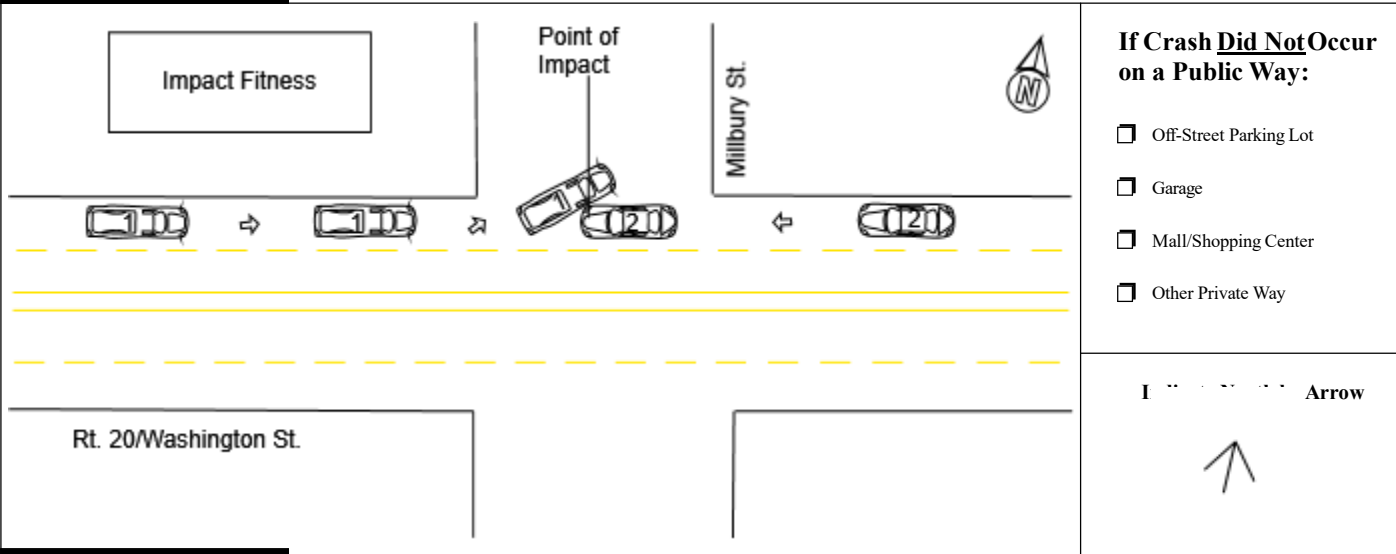
License # SA7960571 St MA DOB/Age 09/27/2005	Reg # 5PWR18 Reg Type PC Reg State MA
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL _____	Veh Year 2011 Veh Make CHEVROLET Veh Config. 1
Operator WILDER, VICTORIA ELIZABETH	Owner WILDER, KAREN E
Address 1 OAKWOOD LN	Address 1 OAKWOOD LN
City LEICESTER State MA Zip 01524-2149	City LEICESTER State MA Zip 01524-2149
Insurance Company NORFOLK & DEDHAM MUTUAL F	Vehicle Action Prior to Crash 1
Vehicle Travel Direction: N S E X Responding to Emergency? 2	Damaged Area Code: 2
Citation # (If Issued) _____	Event Sequence 1 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event 1 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 99 25 25
	Driver Distracted by 99 26 26
	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/Occupants	See Above	_____	_____	1	99	4	0	0	10	1	

➔ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian 🚲 = Bicycle

Crash Diagram:

ie: ➔ 1 ➔ 2 ➔ ♂ ➔ 🚲



Crash Narrative:

Vehicle 1 was turning left onto Millbury St. from Washington St. Vehicle 2 was travelling straight (west) on Washington St. when the vehicle's collided. Both operators stated there was some confusion in the intersection involving a tractor trailer unit (not pictured) which may have led to the collision.

There were no injuries reported and both vehicles were able to operate 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

79KP

Auburn Police Department

06/06/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date