

Date of Crash **12/30/2024** Time of Crash **1539** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **45** 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# **487** Direction **WASHINGTON ST** Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

Feet  N  S  E  W of \_\_\_\_\_ 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 **Crash Report ID# 24-474-AC**

License # **S84573072** St **MA** DOB/Age **02/17/1972** Reg # **135FK3** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2018** Veh Make **CHEVROLET** Veh Config. **1**

Operator **WYSE, BRIAN D** Owner **WYSE, BRIAN D**

Address **1181 STAFFORD ST** Address **1181 STAFFORD ST**

City **ROCHDALE** State **MA** Zip **01542-1314** City **ROCHDALE** State **MA** Zip **01542-1314**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** Damaged Area Code: **5**

Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2** Event Sequence **1** Test Status: **1**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** Type of Test: **0**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**

Towed from scene? **1**

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	
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>1</b>	

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

License # **S81870540** St **MA** DOB/Age **09/18/1985** Reg # **P97383** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2018** Veh Make **FORD** Veh Config. **6**

Operator **BURROUGHS, MICHAEL W** Owner **BURROUGHS, MICHAEL W**

Address **13 STUART ST** Address **13 STUART ST**

City **OXFORD** State **MA** Zip **01540-1223** City **OXFORD** State **MA** Zip **01540-1223**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **1**

Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2** Event Sequence **1** Test Status: **1**

Citation # (If Issued) **093505AD** Most Harmful Event **1** Type of Test: **0**

Viol. 1: Ch/Sec/Sub **90 34J** Viol. 2: Ch/Sec/Sub **90 9** Driver Contributing Code **13 25 19 25** BAC Test Result: **30**

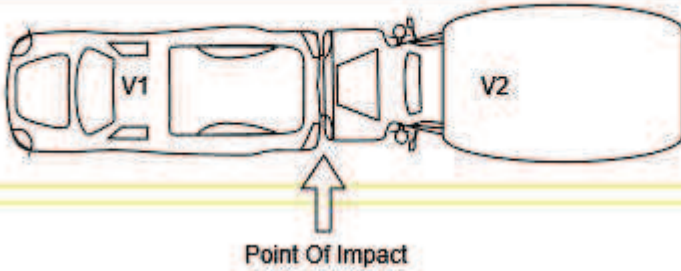
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**

Towed from scene? **1**

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	
<b>Operator/Occupants</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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 Arrow



Crash Narrative:

V1 and V2 were both travelling westbound on Washington St. V1 was slowing due to traffic. V2 crashed into the rear end of V1. V2 stated that due to the glare of the sun they could not visually observe V1 slowing down. V2 was towed by Direnzo's back to the registered residence. V1 was towed to Direnzo's. Operator of V1 stated neck, and back pain, however refused transport from EMS.

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 12/30/2024  
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date