

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# Direction **SOUTHBRIDGE ST** Name of Roadway/Street
 At
 Route# Direction **PROSPECT ST** 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 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# 22-282-AC**

License # **S05199887** St **MA** DOB/Age **06/12/1992** Reg # **1PS181** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement
 Operator **WYMAN, WILLIAM PATRICK** Owner **WYMAN, WILLIAM PATRICK**
 Address **44 BRENTWOOD DR BLDG APT 44** Address **44 BRENTWOOD DR BLDG APT 44**
 City **SOUTHBRIDGE** State **MA** Zip **01550-2704** City **SOUTHBRIDGE** State **MA** Zip **01550-2704**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code **1 27 27 27**
 Vehicle Travel Direction: 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 _____ Driver Contributing Code **3 25 13 25** BAC Test Result **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **5 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1 33**
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

Name (Last First Middle)	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
Operator	See Above	XXXXXX	XX	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

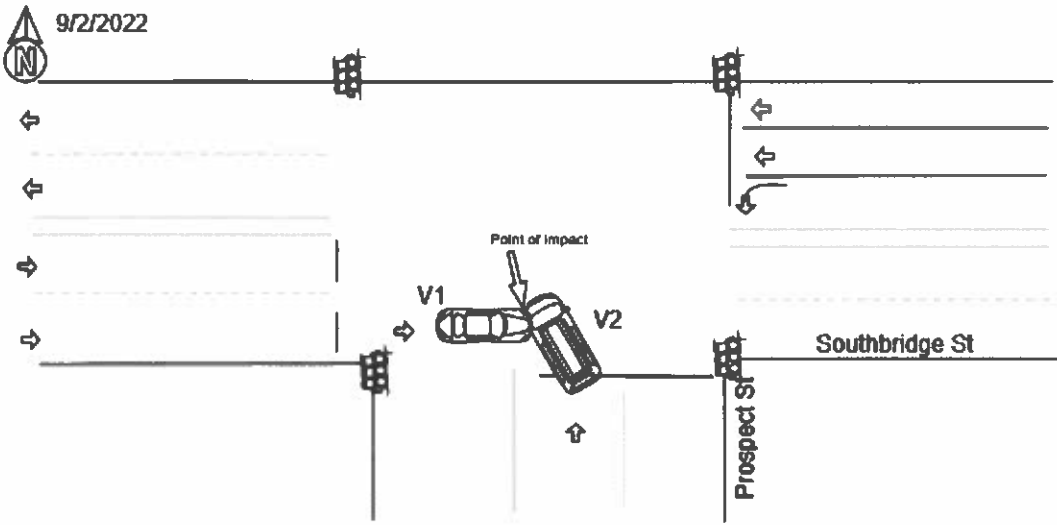
License # **9612240** St **RI** DOB/Age **01/06/1977** Reg # **33546** Reg Type **APN** Reg State **RI**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement
 Operator **LONCZAK, KAZIMIERZ** Owner **PENSKE LEASING**
 Address **150 AUBURN ST** Address **WASHINGTON**
 City **CRANSTON** State **RI** Zip **02910** City **AUBURN** State **MA** Zip _____
 Insurance Company **OLD REPUBLIC** Vehicle Action Prior to Crash **4 22** Damaged Area Code **8 27 27 27**
 Vehicle Travel Direction: N 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 _____ Driver Contributing Code **1 25 25** BAC Test Result **1 30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33**
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	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
Operator/Non-Motorist	See Above	XXXXXX	XX	1	1	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O X O X = Pedestrian ☺ = Bicycle
 ie: → 1 → 2 → O X O X → ☺

Crash Diagram:



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

V2 was turning left onto Southbridge St (who had an active green light) when V1 (traveling northbound on Southbridge St.) drove through a red light light and collided with V2. V1's operator stated he couldnt see the traffic light due to the solar glare. I observed this to be present as the sun was directly in view of the traffic light. A witness also stated V2 had a green light. All traffic lights were working correctly.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MARCHETTI JOHN BRIAN	7 GREEN ST DUDLEY MA 01571-3209		

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 Christopher S Raymond 77CR Auburn Police Department 09/02/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date