

Date of Crash **09/07/2022** Time of Crash **2153** City/Town **Auburn** **Motor Vehicle Crash** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police
 24HR **Police Report** Latitude Longitude Local Police
 MBTA Police
 Campus Police
 Other

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # 446 Name of Roadway/Street SOUTHBRIDGE ST</p> <p>Feet <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **22-286-AC**

<p>License # S98517582 St MA DOB/Age 05/26/2001</p> <p>Sex M Lic. Class D Lic. Restrictions 1 CDL _____</p> <p>Operator WILSON, JOHNATHAN M</p> <p>Address 27 HOMESTEAD AVE</p> <p>City AUBURN State MA Zip 01501-2038</p> <p>Insurance Company THE COMMERCE INSURANCE CO</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 1PHE18 Reg Type PC Reg State MA</p> <p>Veh Year 2006 Veh Make CHRYSLER Veh Config. 1</p> <p>Owner WILSON, JOHNATHAN M</p> <p>Address 27 HOMESTEAD AVE</p> <p>City AUBURN State MA Zip 01501-2038</p> <p>Vehicle Action Prior to Crash 1</p> <p>Event Sequence 1</p> <p>Most Harmful Event 1</p> <p>Driver Contributing Code 1</p> <p>Driver Distracted by 0</p>
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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	See Above	_____	_____	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

<p>License # S14974946 St MA DOB/Age 03/09/1987</p> <p>Sex F Lic. Class D Lic. Restrictions 1 CDL _____</p> <p>Operator DIBENEDETTO-PETUKHOV, SHEENA RAE</p> <p>Address 10 DODGE AVE APT 2</p> <p>City WORCESTER State MA Zip 01606-2449</p> <p>Insurance Company ESURANCE INSURANCE COMPAN</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 1JNE52 Reg Type PC Reg State MA</p> <p>Veh Year 2008 Veh Make MAZDA Veh Config. 1</p> <p>Owner DIBENEDETTO-PETUKHOV, SHEENA RAE</p> <p>Address 10 DODGE AVE APT 2</p> <p>City WORCESTER State MA Zip 01606-2449</p> <p>Vehicle Action Prior to Crash 4</p> <p>Event Sequence 1</p> <p>Most Harmful Event 1</p> <p>Driver Contributing Code 4</p> <p>Driver Distracted by 0</p>
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Please fill out for operator/non-motorist 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/Non-Motorist	See Above	_____	_____	1	1	2	0	0	10	1	

→ = 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:

V1 was traveling southbound on Southbridge Street (public way). As V1 approached the entrance to La Quinta and Munro, V2 attempted to turn left onto Southbridge Street. V1 was not able to stop and collided with V2. V2 sustained heavy damage to the left side which activated the side airbags.

V2 was towed from the scene by Direnzo Towing. the entrance is clearly marked with a stop and no left turn signs. V2 operator stated that she had turned into the entrance to turn around and head north on Southbridge Street.

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 Matthew Alexandrovich
Police Officer Name (Please Print)

Signature

81MA
ID/Badge #

Auburn Police Department
Department Precinct/Barracks

09/07/2022
Date