

Date of Crash 06/08/2023	Time of Crash 0859 24HR	City/Town Auburn	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 1	Speed Limit 30	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:

ROCKLAND RD Route# _____ Direction _____ Name of Roadway/Street _____ At _____ PEARL ST 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 _____	
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 23-188-AC**

License # SA6700284 St MA DOB/Age 06/25/2003	Reg # 1XFW10 Reg Type PAN Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____	Veh Year 2010 Veh Make HONDA Veh Config. 1 21
Operator LOVELY, SEAN Last First Middle	Owner LOVELY, SEAN M SR Last First Middle
Address 36 HIGHLAND ST	Address 36 HIGHLAND ST
City AUBURN State MA Zip 01501	City AUBURN State MA Zip 01501-2011
Insurance Company QUINCY MUTUAL FIRE INSURA	Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 27 1 27 27
Vehicle Travel Direction: N S E X Responding to Emergency? 2	Event Sequence 1 23 41 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 4 25 19 25 BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Towed from scene? 1 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	XXXXXX	XXXX	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

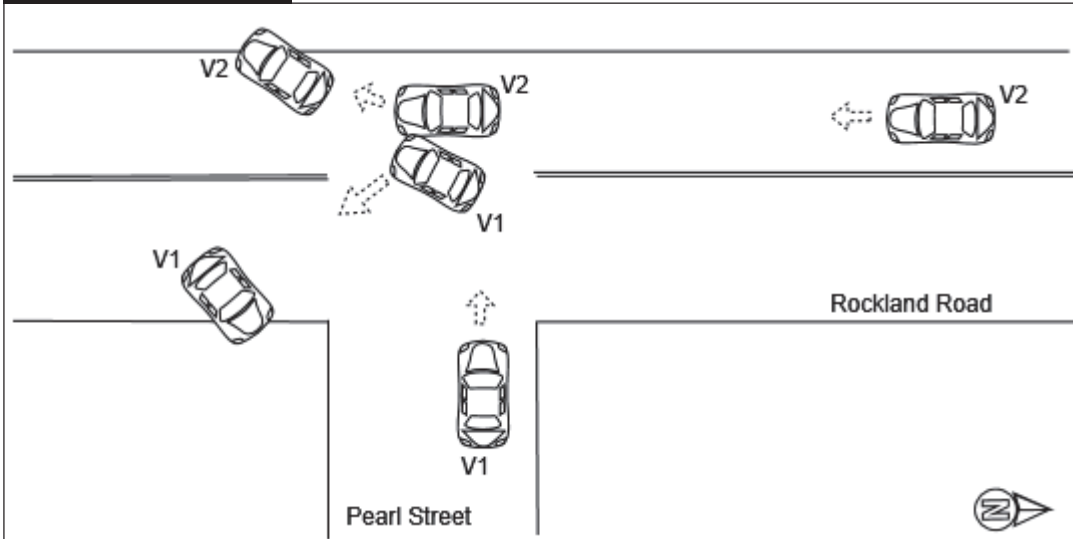
License # S30687635 St MA DOB/Age 06/12/1999	Reg # 1JBP87 Reg Type PAN Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____	Veh Year 2023 Veh Make HYUNDAI Veh Config. 1 21
Operator SIMONIAN, VICTORIA LYNN Last First Middle	Owner SIMONIAN, VICTORIA LYNN Last First Middle
Address 102 ROCKLAND RD	Address 102 ROCKLAND RD
City AUBURN State MA Zip 01501-2002	City AUBURN State MA Zip 01501-2002
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 1 27 27
Vehicle Travel Direction: N X E W Responding to Emergency? 2	Event Sequence 1 23 40 23 27 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 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Towed from scene? 1 33

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	XXXXXX	XXXX	1	1	4	0	0	●	●	██████████ ██████████

= Direction = Vehicle 1 = Vehicle 2 = Pedestrian = Bicycle

Crash Diagram:

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If Crash Did Not Occur on a Public Way:

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

Indicate Direction with Arrow



Crash Narrative:

On Thursday June 08, 2023 at approximately 0859hrs the Auburn Police Department responded to a two car motor vehicle accident at the intersection of Rockland Road and Pearl Street. V2 was traveling south bound on Rockland Road. V1 was attemptig to take a left hand turn from Pearl Street onto Rockland Road south bound. The operator of V1 stated that he did not see V2 and the operator of V2 stated that she was unable to avoid to collision. [REDACTED]

[REDACTED]

V1 and V2 were both towed away from the scene by Dizenzo's towing of Millbury.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
CAINE CHANTAL IRENE	31 ROCKLAND RD AUBURN MA 01501-2025	[REDACTED]		LAWN DAMAGE

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 Brandon M Starkus **71BS** **Auburn Police Department** **06/08/2023**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date