

Date of Crash **12/26/2023** Time of Crash **1325** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

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# _____ 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 _____ **AT WORCESTER LINE** Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-445-AC**

License # **S78950191** St **MA** DOB/Age **12/30/1998** Reg # **5FG462** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL _____ Veh Year **1974** Veh Make **VOLKSWAGEN** Veh Config. **1 21**
 Operator **NEAL, LOGAN R** Owner **OLD SOUL MOTOR COMP.**
 Address **9 WESTBROOK RD** Address **1051 SOUTHBRIDGE ST**
 City **WORCESTER** State **MA** Zip **01602-1556** City **WORCESTER** State **MA** Zip **01610**
 Insurance Company **ESSENTIA INSURANCE COMPAN** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **5 27 6 27 27**
 Vehicle Travel Direction: **N S X 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 **4 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 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	XXXX	XX	1	99	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

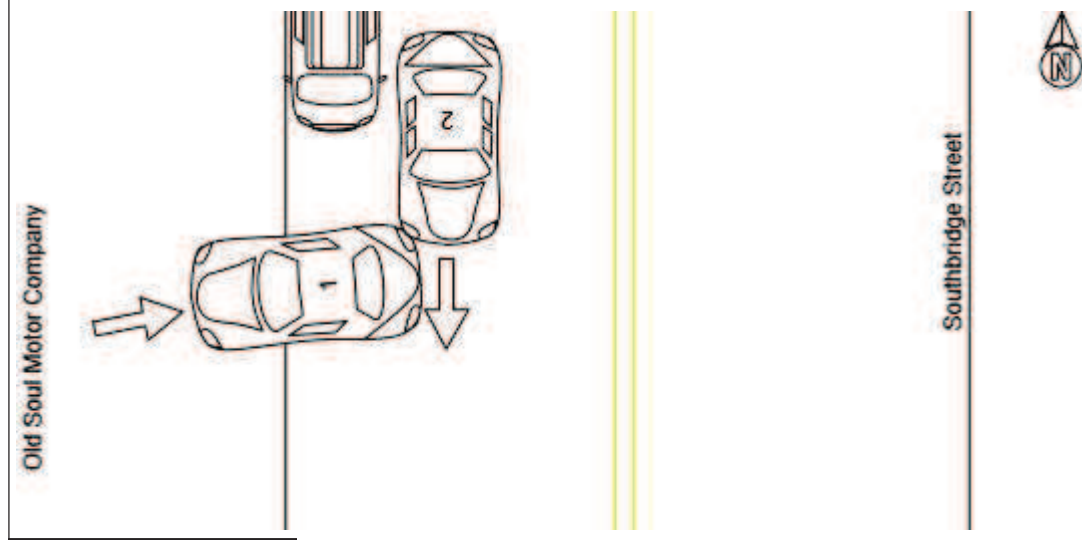
License # **S57433341** St **MA** DOB/Age **01/06/1998** Reg # **3JVV38** Reg Type **PAN** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2016** Veh Make **CHRYSLER** Veh Config. **1 21**
 Operator **BURALE, BAHAD ALLEN** Owner **BURALE, IBRAHIM A**
 Address **15 FREELAND ST APT 1** Address **15 FREELAND ST APT 1**
 City **WORCESTER** State **MA** Zip **01603-2602** City **WORCESTER** State **MA** Zip **01603-2602**
 Insurance Company **PERMANENT GENERAL ASSURAN** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **3 27 2 27 27**
 Vehicle Travel Direction: **N X 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: **30**
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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	XXXX	XX	1	99	4	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

I ... Arrow

↑

Crash Narrative:

On Tuesday December 26, 2023, I, Officer Dominic Walker was dispatched to a motor vehicle crash in the area of 1051 Southbridge Street for a two car motor vehicle crash. I spoke with the operator of vehicle two who stated he was traveling down Southbridge Street when the operator of vehicle one backed out on to Southbridge Street and backed up into him. I spoke with the operator of vehicle one who stated the same thing occurred. The business owner stated that the operator of vehicle one was an acquaintance of the shop and not employed. The operator of vehicle one also stated that he could not see well because there was a van parked on the shoulder of the road as well.

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 Dominic J Walker **87DW** **Auburn Police Department** **12/26/2023**
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date