

Date of Crash **12/30/2023** Time of Crash **1132** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**WEST ST**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_  
**SOUTHBRIDGE 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 \_\_\_\_\_

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped **Crash Report ID# 23-450-AC**

License # **S92864091** St **MA** DOB/Age **03/03/1983** Reg # **P82726** Reg Type **CON** Reg State **MA**  
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Veh Year **2023** Veh Make **CHEVROLET** Veh Config. **1** **21**  
Operator **ROONEY, JUSTIN PAUL** Owner **SALISBURY MANAGEMENT INC**  
Address **48 PARKER ST** Address **120 SHREWSBURY ST**  
City **ROCHDALE** State **MA** Zip **01542-1000** City **BOYLSTON** State **MA** Zip **01505-1710**  
Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **7** **27** **27** **27**  
Vehicle Travel Direction:  N  S  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: **99** **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? **2** **33**

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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle **2** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S37114878** St **MA** DOB/Age **04/21/1963** Reg # **4DF731** Reg Type **PAN** Reg State **MA**  
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Veh Year **2008** Veh Make **SAAB** Veh Config. **1** **21**  
Operator **STEELE, BRIAN P** Owner **STEELE, BRIAN P**  
Address **34 LEELA LN** Address **34 LEELA LN**  
City **ROCHDALE** State **MA** Zip **01542-1021** City **ROCHDALE** State **MA** Zip **01542-1021**  
Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **2** **27** **27** **27**  
Vehicle Travel Direction:  N  S  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: **97** **29**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** **25** **25** BAC Test Result: **1** **30**  
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Towed from scene? **2** **33**

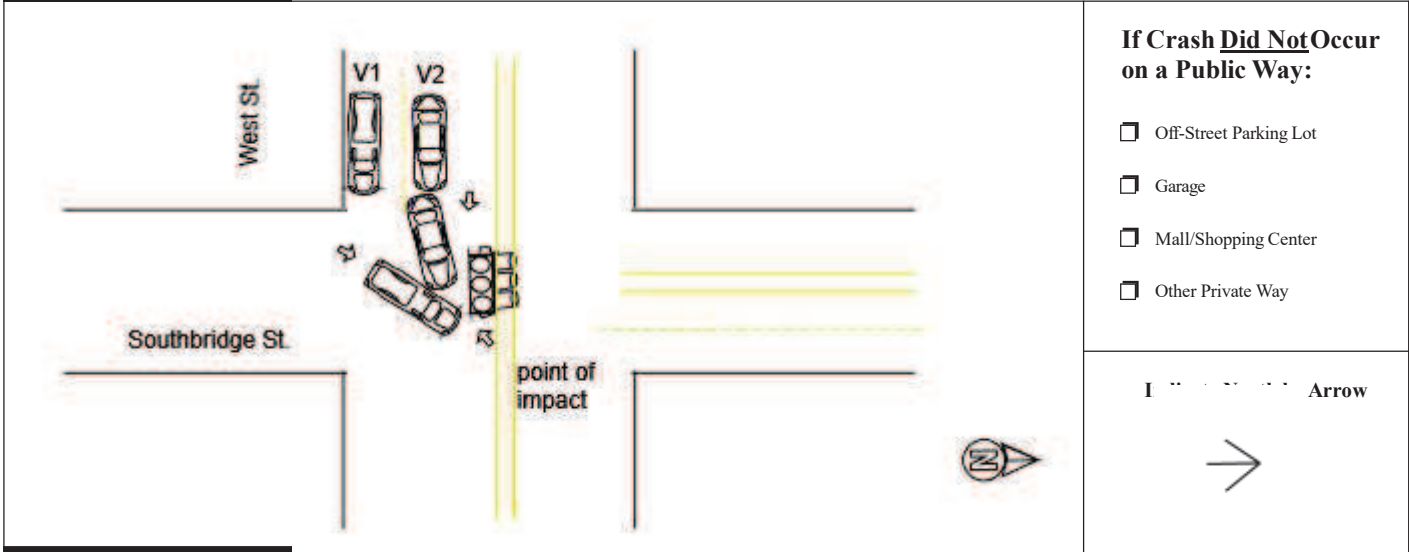
Please fill out for operator/non-motorist and all occupants involved

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ○ = Bicycle

**Crash Diagram:**

ie: → 1    → 2    → ○    → ○



**Crash Narrative:**

V1 was traveling east on West St. (public way) attempting a left turn onto Southbridge St. (north). V2 was also traveling east and attempting a left turn onto Southbridge St. when the operator of V2 left his lane, striking V1. V1 sustained minor damage to its driver's side door and V2 sustained damage to its passenger side marker light and passenger side wheel well. No injuries to report or tows needed.

**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 Derek P Courchaine    75DC    Auburn Police Department    12/30/2023  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date