

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash **02/14/2024** Time of Crash **1101** 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:

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 _____

300 Feet **N S E X** of _____ Route# **MONTCLAIR DR** 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# 24-56-AC**

License # **S43287257** St **MA** DOB/Age **10/11/1983** Reg # **3130566** Reg Type **APN** Reg State **IN**

Sex **M** Lic. Class **A 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2013** Veh Make **International** Veh Config. **10 21**

Operator **GORMAN, MATTHEW WILLIAM** Owner **DEA DAIRY BRANDS TRANSPORTATION LLC**

Address **54 WALKER ST** Address **1019 FLAXMILL RD**

City **WHITINSVILLE** State **MA** Zip **01588-1339** City **HUNTINGTON** State **IN** Zip **46750**

Insurance Company **NATIONAL UNION FIRE INSUR** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **4 27 27 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **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 **99 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **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 | XXXXXX | X | 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 # **S55315853** St **MA** DOB/Age **11/15/1960** Reg # **3AP385** Reg Type **APN** Reg State **NH**

Sex **M** Lic. Class **A 19 19** Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **FREIGHTLINER** Veh Config. **13 21**

Operator **ASPDEN, MARK ANDREW** Owner **LANSING BUILDING PRODUCTS NORTHEAST LLC**

Address **154 DENNISON LN BSMT** Address **344 EAST INDUSTRIAL PK DR**

City **SOUTHBRIDGE** State **MA** Zip **01550-2126** City **MANCHESTER** State **NH** Zip **03109**

Insurance Company **OLD REPUBLIC INSURANCE** Vehicle Action Prior to Crash **6 22** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **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 **99 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **31** Susp. Drug: **32**

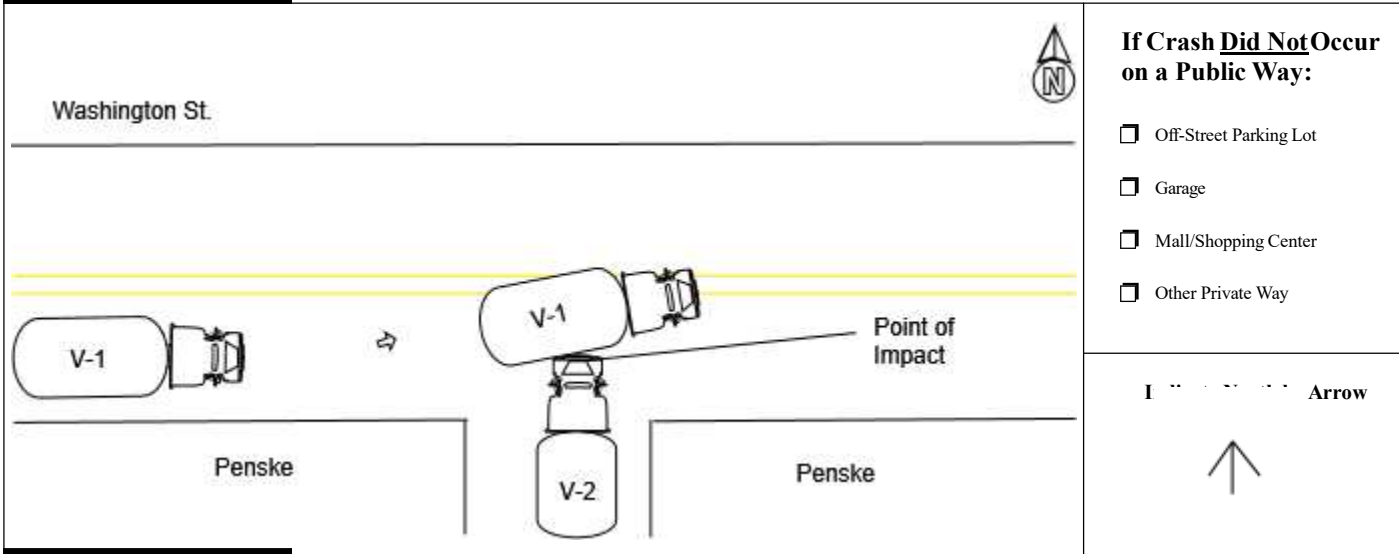
Towed from scene? **2 33**

| 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 | X | 1 | 99 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Operator of vehicle 1 stated he was travelling eastbound on Washington St. coming down the hill when Vehicle 2 began entering the travel lane in an attempt to make a left turn.

Operator of Vehicle 1 stated he tried to slow his vehicle and turn to avoid hitting Vehicle 2 but could not avoid a collision.

Operator of vehicle 2 stated he was trying to pull out of Penske and onto Washington St.

Operator of vehicle 2 stated he waited for traffic to clear and proceeded when Vehicle 1 continued and collided with his vehicle.

There was minor damage to both vehicles and no injuries reported.

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 Kendall L Perrault 79KP Auburn Police Department 02/14/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date