

Date of Crash **06/07/2023** Time of Crash **1134** 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# **606** Direction _____ Address # **SOUTHBRIDGE ST** 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# **23-187-AC**

License # **S54963036** St **MA** DOB/Age **04/23/1957** Reg # **490XLM** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D M** Lic. Restrictions **20** CDL _____ Veh Year **2004** Veh Make **TOYOTA** Veh Config. **1**

Operator **VESHI, PAUL MICHAEL** Owner **VESHI, PAUL MICHAEL**

Address **653 SCHOOL ST** Address **653 SCHOOL ST**

City **WEBSTER** State **MA** Zip **01570** City **WEBSTER** State **MA** Zip **01570**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** Damaged Area Code: **5**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**

Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **2**

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 # **S79128378** St **MA** DOB/Age **06/25/1941** Reg # **859KL9** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D M** Lic. Restrictions **20** CDL _____ Veh Year **2009** Veh Make **SUBARU** Veh Config. **1**

Operator **LOONEY, RAYMOND FRANCIS JR** Owner **LOONEY, RAYMOND FRANCIS JR**

Address **18 NANCY DR** Address **18 NANCY DR**

City **AUBURN** State **MA** Zip **01501-1722** City **AUBURN** State **MA** Zip **01501-1722**

Insurance Company **CITIZENS INSURANCE COMPAN** Vehicle Action Prior to Crash **3** Damaged Area Code: **1**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**

Citation # (If Issued) _____ Most Harmful Event **1** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** Susp. Alcohol: **31** Susp. Drug: **32**

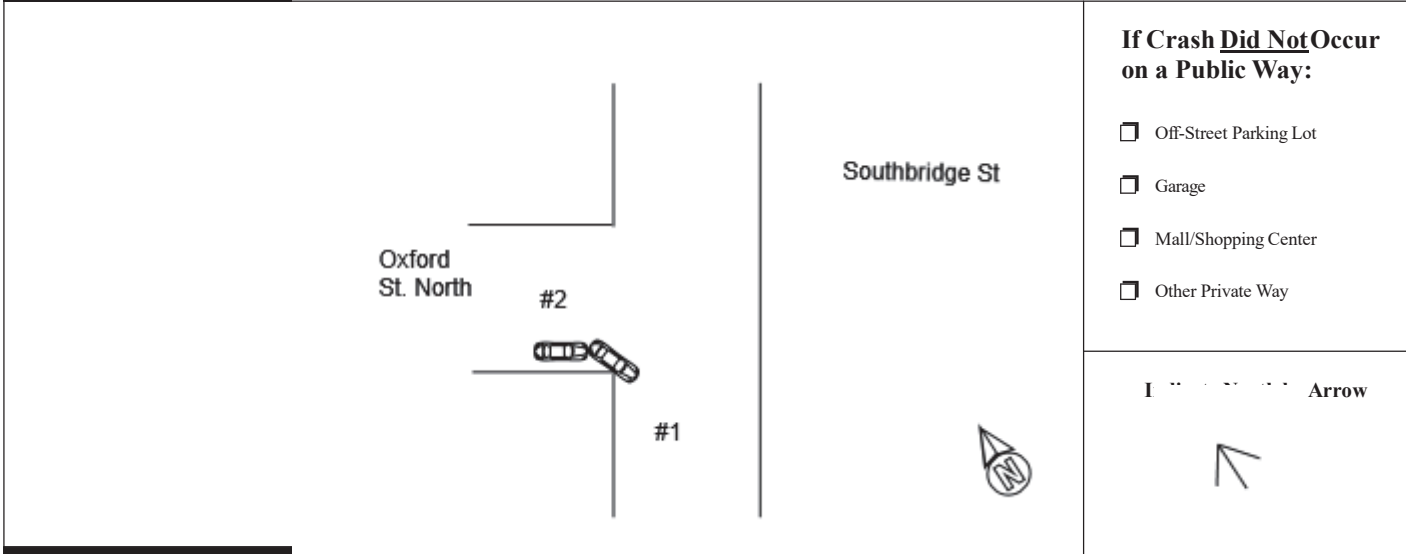
Towed from scene? **2**

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	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Vehicle #1 was travelling on Oxford Street North and stopped at the intersection. Vehicle #2 also stopped at the end of Oxford Street North, behind Vehicle #1. Vehicle #1 proceeded forward, and was about to take a right onto Southbridge Street. Vehicle #2 then turned right onto Southbridge Street striking the rear Vehicle #1. Damage to both vehicles. 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

Sergeant Gregg T Wildman

Police Officer Name (Please Print)

Signature

70GW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/07/2023

Date