

Date of Crash **01/13/2023** Time of Crash **0953** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**1** **ROCHDALE ST**  
Route# Direction Name of Roadway/Street  
At  
**OXFORD STREET NO**  
Route# Direction Name of Intersecting Roadway/Street  
Also at Intersection with  
**2** 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# **23-5-AC**

License # **S29441313** St **MA** DOB/Age **05/25/1984** Reg # **9PBL90** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL Endorsement  
Operator **BOATENG, ROSEMARY** Owner **BOATENG, ROSEMARY**  
Address **7 YOUNG ST APT 1** Address **7 YOUNG ST APT 1**  
City **WORCESTER** State **MA** Zip **01603-1420** City **WORCESTER** State **MA** Zip **01603-1420**  
Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 27 27**  
Vehicle Travel Direction:  **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 \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **30**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**  
Towed from scene? **1 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>1</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 # **S16390448** St **MA** DOB/Age **11/27/1946** Reg # **372RV9** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **B 20** CDL Endorsement  
Operator **COURTNEY, JOHN ROBERT** Owner **COURTNEY, CAROLYN MARIE**  
Address **2 VALLEY HILL DR** Address **2 VALLEY HILL DR**  
City **WORCESTER** State **MA** Zip **01609-1418** City **WORCESTER** State **MA** Zip **01609-1418**  
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **6 22** Damaged Area Code: **7 27 27 27**  
Vehicle Travel Direction:  **N 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**  
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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>99</b>	<b>4</b>	<b>0</b>	<b>●</b>	<b>●</b>	<b>●</b>	<b>██████████</b>

