

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **12/23/2025** Time of Crash **1600** 24HR

City/Town **Auburn**

Number Vehicles **2** Number Injured **1**

Speed Limit **40** State Police   
 Local Police  MBTA Police   
 Campus Police  Other: \_\_\_\_\_

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

**WATER 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 \_\_\_\_\_

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  MopedCrash Report ID# **25-461-AC**License # **S47723363** St **MA** DOB/Age **11/19/1999**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_Operator **GONZALEZ, JULIEN CARLOS** Last **11** First **MOON** Middle **APT 1**Address **11 MOON ST APT 1**City **SOUTHBRIDGE** State **MA** Zip **01550-1317**Insurance Company **THE STANDARD FIRE INSURAN**Vehicle Travel Direction: **N X E W** Responding to Emergency? **2**

Citation # (If Issued) \_\_\_\_\_

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **1WV981**Reg Type **PC**Reg State **MA**Veh Year **2012**Veh Make **Infiniti**Veh Config. **1**Owner **GONZALEZ, CALLOALNERTO C**

Last

First

Middle

Address **69 CHESTNUT ST REAR FL**City **SPENCER**State **MA**Zip **01562-2403**Vehicle Action Prior to Crash **1** 22Damaged Area Code: **1** 27 27 27Event Sequence **1** 23 23 23 23Test Status: **1** 28Most Harmful Event **1** 24Type of Test: **2** 29Driver Contributing Code **1** 25 25BAC Test Result: **30**Driver Distracted by **0** 26 26Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Towed 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

**Operator**

See Above

X

X

1

1

1

0

0

8

2

X

Please Select One of the Following:

 Vehicle **2** #Occupants  Hit/Run  Moped Vulnerable User Complete the Vulnerable User section.License # **S72580547** St **MA** DOB/Age **06/23/1969**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_Operator **OSULLIVAN, BRIAN P** Last **OSULLIVAN** First **BRIAN** Middle **P**Address **5 DALE AVE**City **AUBURN** State **MA** Zip **01501-1208**Insurance Company **PLYMOUTH ROCK ASSURANCE C**Vehicle Travel Direction: **X S E W** Responding to Emergency? **2**

Citation # (If Issued) \_\_\_\_\_

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **2CKB82**Reg Type **PC**Reg State **MA**Veh Year **2012**Veh Make **FORD**Veh Config. **2**Owner **OSULLIVAN, BRIAN P**

Last

First

Middle

Address **5 DALE AVE**City **AUBURN**State **MA**Zip **01501-1208**Vehicle Action Prior to Crash **4** 22Damaged Area Code: **3** 27 27 27Event Sequence **1** 23 23 23 23Test Status: **1** 28Most Harmful Event **1** 24Type of Test: **2** 29Driver Contributing Code **1** 25 25BAC Test Result: **30**Driver Distracted by **0** 26 26Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Towed 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

**Operator/Occupants**

See Above

X

X

1

1

1

0

0

10

1

1

1

1

1

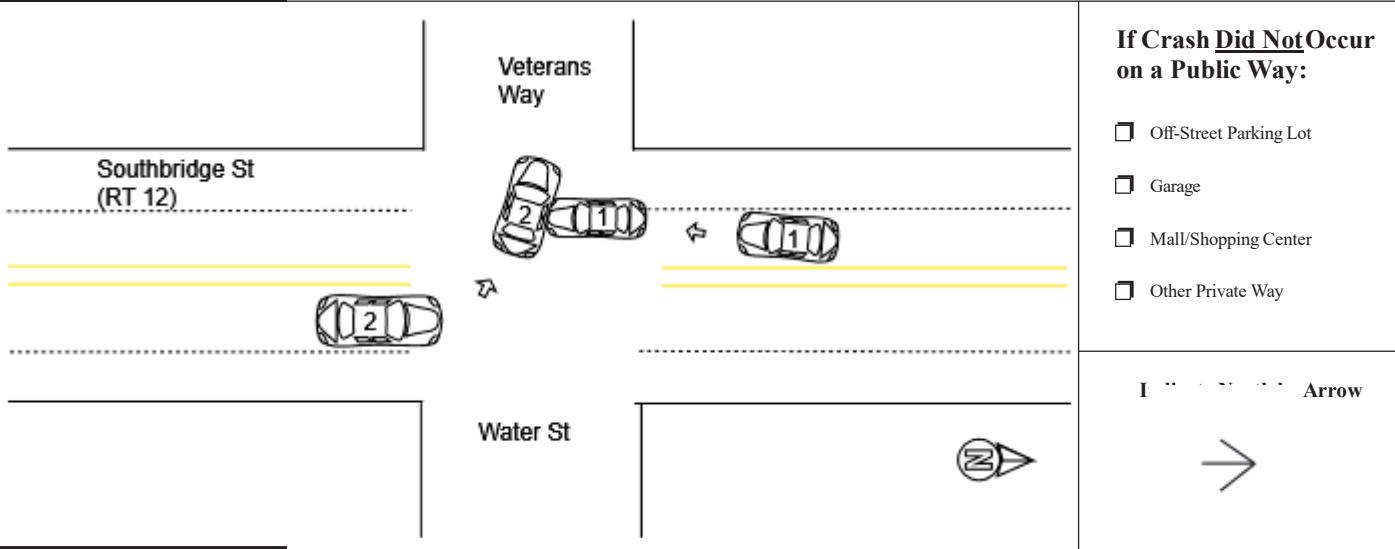
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1

→ = Direction      1 = Vehicle 1      2 = Vehicle 2      ⚰ = Pedestrian      ⚱ = Bicycle

**Crash Diagram:**

ie: → 1 → 2 → ⚰ → ⚱



**Crash Narrative:**

Vehicle 1 was traveling South on RT 12 in the left travel lane. Vehicle 2 was traveling North on RT 12 in the left travel lane. V2 began to turn left onto Veterans Way. V1 attempted to change lanes to avoid colliding with V2, but could not stop in time and collided with V2.

**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 Matthew Rodwill**

Police Officer Name (Please Print)

Signature

**84MR**

ID/Badge #

**Auburn Police Department**

Department

Precinct/Barracks

**12/23/2025**

Date