

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 09/04/2022 Time of Crash 1323 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit Latitude Longitude 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

1 WASHINGTON ST Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Route# Intersecting Roadway/Street Feet N S E W of Landmark

Please Select One of the Following: [X] Vehicle 1 #Occupants [ ] Hit/Run [ ] Moped

Crash Report ID# 22-285-AC

License # S46042914 St MA DOB/Age 02/23/1947 Sex M Lic. Class D M Lic. Restrictions 1 20 CDL Endorsement Operator GREENE, BARRY ROBERT Address 27 DOLAN RD City MILLBURY State MA Zip 01527-1304 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S X 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 # 398AT7 Reg Type PC Reg State MA Veh Year 2017 Veh Make HYUNDAI Veh Config 1 21 Owner GREENE, BARRY ROBERT Address 27 DOLAN RD City MILLBURY State MA Zip 01527-1304 Vehicle Action Prior to Crash 4 22 Damaged Area Code 7 27 27 27 Event Sequence 1 23 23 23 23 Test Status 1 28 29 Type of Test BAC Test Result 30 Driver Contributing Code 99 25 25 Susp. Alcohol 2 31 Susp. Drug 2 32 Driver Distracted by 0 26 Towed from scene? 2 33

Table with columns: 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. Row 1: Operator, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1.

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

Crash Report ID# 22-285-AC

License # S62720553 St MA DOB/Age 12/10/1969 Sex M Lic. Class D M Lic. Restrictions 1 20 CDL Endorsement Operator SWEENEY, DEBRIC F Address 26 BLACKSTONE RIVER RD APT 2R City WORCESTER State MA Zip 01607-1383 Insurance Company SAFETY INSURANCE COMPANY 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

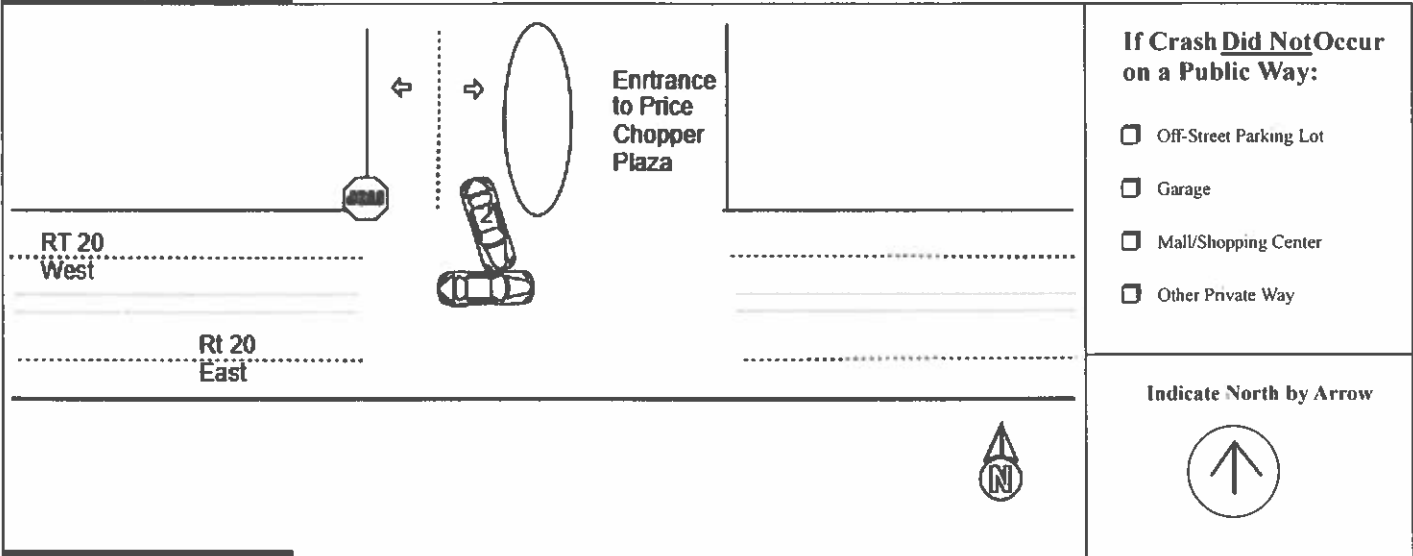
Reg # 9FK223 Reg Type PC Reg State MA Veh Year 2007 Veh Make FORD Veh Config. 21 Owner DELUCA, JEAN NANCY Address 59 EVELYN ST APT 302 City WORCESTER State MA Zip 01607-1595 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 29 Type of Test: BAC Test Result: 30 Driver Contributing Code 99 25 25 Susp. Alcohol: 2 31 Susp. Drug 2 32 Driver Distracted by 0 26 Towed from scene? 2 33

Table with columns: 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. Row 1: Operator/Non-Motorist, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1.

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

**Crash Diagram:**

ie: → 1 → 2 → ○x○x → ○



**If Crash Did Not Occur on a Public Way:**

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



**Crash Narrative:**

Vehicle 1 was stopped and attempting to turn left into the Price Chopper plaza. Vehicle 2 was stopped and attempting to turn left onto Rt. 20 East. V1 and V2 began to turn left at the same time, colliding.

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**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                      84MR                      Auburn Police Department                      09/04/2022  
 Police Officer Name (Please Print)                      Signature                      ID/Badge #                      Department                      Precinct/Barracks                      Date