

Date of Crash **07/31/2023** Time of Crash **1755** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **30** 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# **18** Direction \_\_\_\_\_ Address # **HEARD 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# **23-256-AC**

License # **S83841657** St **MA** DOB/Age **09/13/1971** Reg # **973VL9** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_ Veh Year **2020** Veh Make **CHEVROLET** Veh Config. **1 21**

Operator **HENDRICKSON, MATTHEW D** Owner **HENDRICKSON, MATTHEW D**

Address **5 NUTMEG DR** Address **5 NUTMEG DR**

City **WORCESTER** State **MA** Zip **01603-1248** City **WORCESTER** State **MA** Zip **01603-1248**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **6 27 4 27 5 27**

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

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 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 |
|---|-----------|-------------------|-----------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>   | See Above | <del>XXXXXX</del> | <del>XXXX</del> | <b>1</b>     | <b>0</b>         | <b>4</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 # **S50624402** St **MA** DOB/Age **06/12/1999** Reg # **1FTK82** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_ Veh Year **2008** Veh Make **HONDA** Veh Config. **1 21**

Operator **PIZARRO, JOSE** Owner **VELAZQUEZ, KAYLA DANIELLE**

Address **15 HENDRICKSON AVE APT 2** Address **15 HENDERSON AVE**

City **WORCESTER** State **MA** Zip **016\*\*** City **WORCESTER** State **MA** Zip **01603-1510**

Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **11 27 27 27**

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

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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 |
|--|-----------|-------------------|-----------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Non-Motorist</b>   | See Above | <del>XXXXXX</del> | <del>XXXX</del> | <b>1</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
|  |           |                   |                 |              |                  |                  |               |              |                  |                 |                  |
|  |           |                   |                 |              |                  |                  |               |              |                  |                 |                  |

Date of Crash 07/31/2023 Time of Crash 1755 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other: [ ]

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Location details including Route#, Direction, Name of Roadway/Street, Address #, Name of Roadway/Street, Feet, Mile Marker, Exit Number, Intersecting Roadway/Street, Landmark.

Please Select One of the Following: [X] Vehicle 32 #Occupants [ ] Hit/Run [ ] Moped Crash Report ID# 23-256-AC

Operator and Owner information: License # SA3100761, Reg # 3YTB91, Operator SHERBLOM, JAMIESON MARIE, Owner SHERBLOM, ADAM HOWARD, Address 354 RESERVOIR ST, City HOLDEN, State MA, Zip 01520-1208.

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.

Please Select One of the Following: [ ] Vehicle 4 #Occupants [ ] Non-Motorist A Type 15 Action 16 Location 17 Condition 18 [ ] Hit/Run [ ] Moped

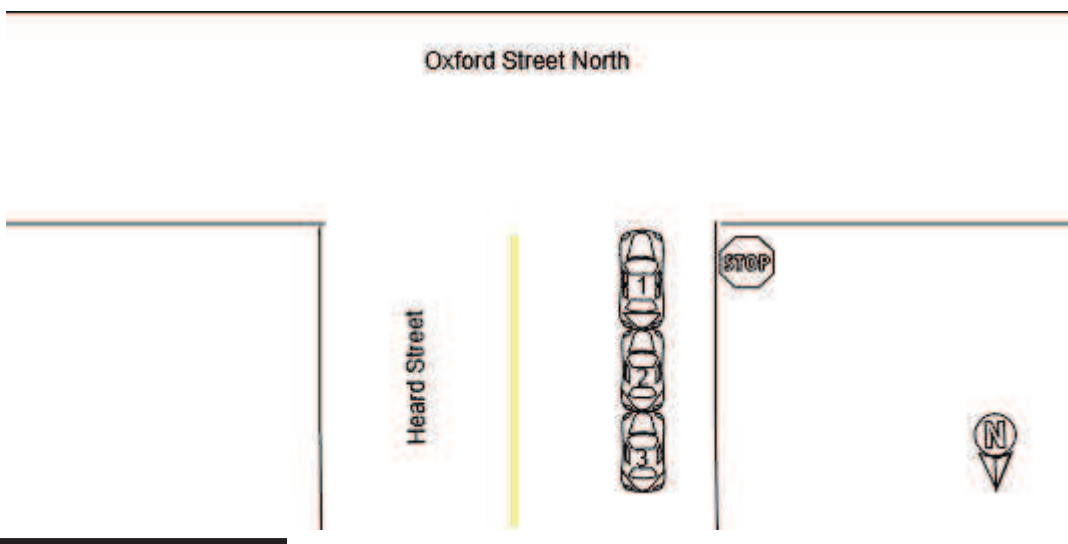
Operator/Non-Motorist information: License #, Reg #, Operator, Owner, Address, City, State, Zip, Insurance Company, Vehicle Action Prior to Crash, Damaged Area Code, Event Sequence, Test Status, Type of Test, BAC Test Result, Susp. Alcohol, Susp. Drug, Towed from scene?

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.

→ = Direction    [ 1 ] = Vehicle 1    [ 2 ] = Vehicle 2    ○ = Pedestrian    ⚙ = Bicycle

**Crash Diagram:**

ie: → [ 1 ]    → [ 2 ]    → ○    → ⚙



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

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

↓ Arrow



**Crash Narrative:**

I, Officer Rachel Crowley, was dispatched to Heard Street at Oxford Street North for a reported three car accident. The operator of Vehicle 1 stated that he was stopped at the stop sign on Heard Street when he was rear ended by Vehicle 2. The operator of Vehicle 2 stated he was stopped behind Vehicle 1 when he was rear ended by Vehicle 3. The operator of Vehicle 3 stated she was driving south on Heard Street when she saw a bug and was distracted by it. The operator of Vehicle 3 said she looked up and tried to slam on the brakes but subsequently rear ended Vehicle 2 which pushed Vehicle 2 into the rear of Vehicle 1.

**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 Rachel B Crowley**

Police Officer Name (Please Print)

Signature

**92RC**

ID/Badge #

**Auburn Police Department**

Department

Precinct/Barracks

**07/31/2023**

Date