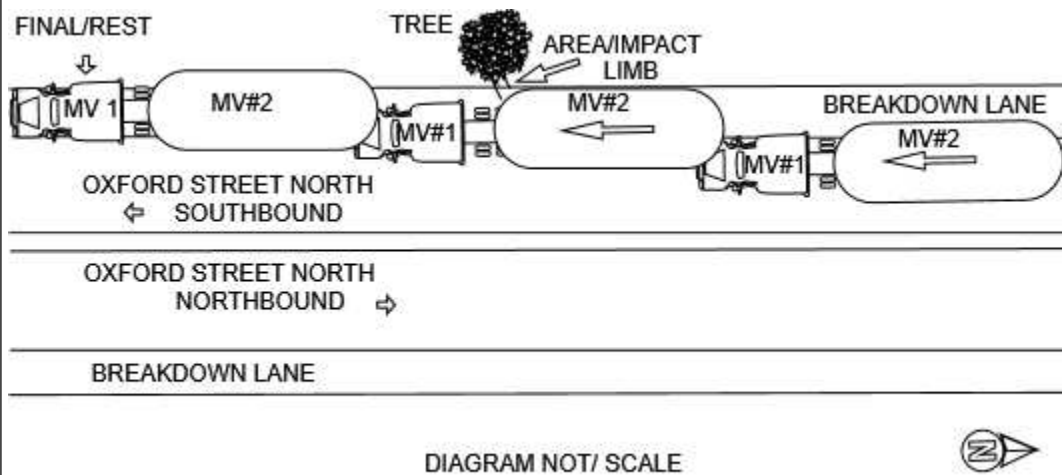


Police Use Only			Commonwealth of Massachusetts					RMV Document Number							
Date of Crash 05/29/2025		Time of Crash 0714 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:				< LOCATION >			NOT AT INTERSECTION:								
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>							<div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>284 OXFORD STREET NO</div> <div>Feet N S E W of or</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>								
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-183-AC							
License # S96507060 St MA DOB/Age 05/10/1988							Reg # 1AL28F Reg Type APN Reg State MA								
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement							Veh Year 2018 Veh Make International Veh Config. 10 21								
Operator HOULE, JOSHUA ALAN							Owner ECHELON TECHNOLOGIES NA LLC								
Address 345 STAFFORD ST							Address 234 ASH ST								
City CHERRY VALLEY State MA Zip 01611-3354							City HOPKINTON State MA Zip 01748-2616								
Insurance Company SAFETY INSURANCE COMPANY							Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N X E W Responding to Emergency? 2							Event Sequence 21 23 23 23 23								
Citation # (If Issued)							Most Harmful Event 21 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub							Driver Contributing Code 9 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub							Driver Distracted by 99 26 26								
Please fill out for operator and all occupants involved							Damaged Area Code: 0 27 27 27								
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							Test Status: 28								
Operator See Above							Type of Test: 29								
							BAC Test Result: 30								
							Susp. Alcohol: 2 31 Susp. Drug: 2 32								
							Towed from scene? 2 33								
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 20 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.							
License # St DOB/Age							Reg # 2360755 Reg Type TRR Reg State ME								
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement							Veh Year 2014 Veh Make Utility Trailer Veh Config. 8 21								
Operator Driverless M.V.							Owner HALE TRAILER BRAKE & WHEEL INC								
Address							Address 20 PINETREE INDUSTRIAL PKWY								
City State Zip							City PORTLAND State ME Zip								
Insurance Company SAFETY							Vehicle Action Prior to Crash 1 22								
Vehicle Travel Direction: N X E W Responding to Emergency? 2							Event Sequence 21 23 23 23 23								
Citation # (If Issued)							Most Harmful Event 21 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub							Driver Contributing Code 9 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub							Driver Distracted by 99 26 26								
Please fill out for operator and all occupants involved							Damaged Area Code: 2 27 3 27 7 27								
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							Test Status: 28								
Operator/Occupants See Above							Type of Test: 29								
							BAC Test Result: 30								
							Susp. Alcohol: 31 Susp. Drug: 32								
							Towed from scene? 33								

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

North Arrow



Crash Narrative:

MV#1/#2 (TRAILER) TRAVELLING SOUTHBOUND ON OXFORD STREET NORTH JUST PRIOR TO GREEN STREET. MV#1 SWERVED TOWARD THE SOUTHBOUND SHOULDER OF THE ROADWAY CROSSING OVER THE WHITE FOGLINE. MV#1/#2 (TRAILER) CONTINUED IN THE BDL (BREAKDOWN LANE) WITH APPROXIMATELY HALF OF THE PASSENGER'S SIDE CAB IN THE BDL AND THE OTHER HALF IN THE SOUTHBOUND LANE. MV#1/#2 (TRAILER) TRAVELLED IN THIS MANNER FOR A SHORT DISTANCE BEFORE IMPACTING A TREE-LIMB WITH THE FRONT UPPER RIGHT CORNER OF THE TRAILER (MV#2). MV#1/#2 (TRAILER) TRAVELED A SHORT DISTANCE AFTER IMPACT PRIOR TO STOPPING IN THE SOUTHBOUND LANE. IMPACT CAUSED SIGNIFICANT DAMAGE TO THE TRAILER (MV#2). VIDEO FOOTAGE FROM THE INSIDE OF THE CAB SUPPORTS THE FINDING OF MARKED LANES VIOLATION. NO VISIBLE/COMPLAINT OF INJURY. SHOULD BE NOTED THAT AUBURN ACCIDENT RECONSTRUCTION UNIT/MASSACHUSETTS STATE POLICE ARE INVESTIGATING THE CRASH.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SCANLON MELISSA A	30 CHESTNUT AVE AUBURN MA 01501	508-864-7032	
ROMERO STEVEN LUIS	36 JOHN ST Apt. #3 WORCESTER MA 01609-2668	508-596-9317	

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 Jason Miglionico

Police Officer Name (Please Print)

Signature

52JM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/29/2025

Date