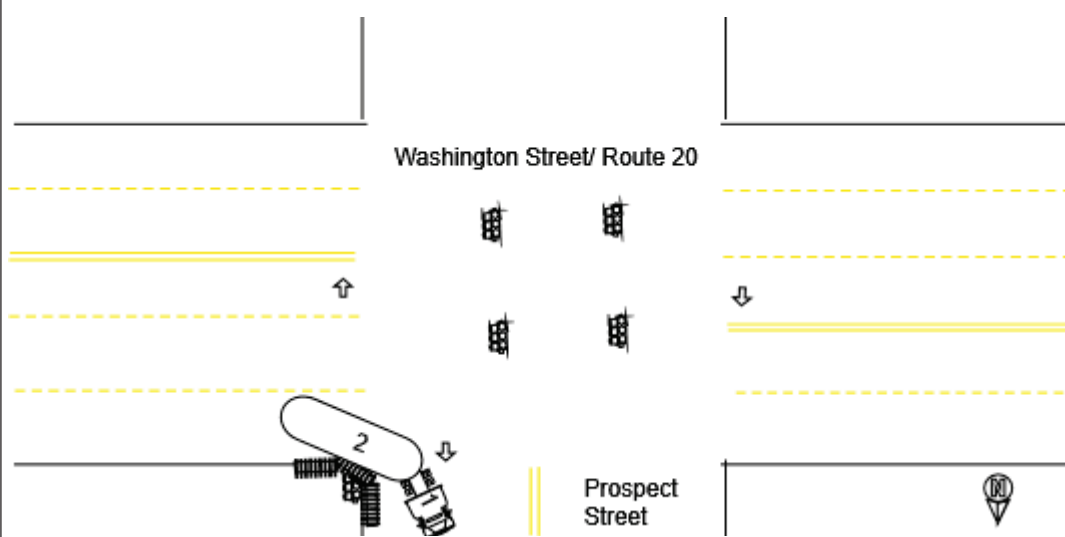


Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 09/06/2024		Time of Crash 0806 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
WASHINGTON ST																2			
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street													
At																			
PROSPECT ST																1			
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Mile Marker Exit Number										11			
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street													
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Landmark													
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# 24-308-AC											
License # B261540814470 St FL DOB/Age 12/07/1981						Reg # P1121509 Reg Type TRN Reg State IL										1			
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2020 Veh Make VOLVO Veh Config. 8 21										12			
Operator BEZKOROVAINYI, MAKSYM						Owner AGRUS													
Address 2610 BIG PINE DR						Address 844 TAILGRASS DR													
City HOLIDAY State FL Zip 34691						City BARTLETT State IL Zip 60103													
Insurance Company GREAT WEST CASUALTY COM						Vehicle Action Prior to Crash 3 22										27 27 27			
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 25 23 23 23 23										1 28			
Citation # (If Issued)						Most Harmful Event 25 24										0 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 97 25 25										30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26										2 31 2 32			
Please fill out for operator and all occupants involved						Towed from scene? 3 33										25 13			
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						1 1 4 0 0 10 1													
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #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 # Reg Type Reg State													
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21													
Operator						Owner													
Address						Address													
City State Zip						City State Zip													
Insurance Company						Vehicle Action Prior to Crash 22										27 27 27			
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23										28			
Citation # (If Issued)						Most Harmful Event 24										29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25										30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26										31 32			
Please fill out for operator and all occupants involved						Towed from scene? 33										1			
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																14			
Operator/Occupants See Above						1													

→ = 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:

Vehicle 1 was an 18 wheeler pulling Vehicle 2, the cargo. Vehicle 1 attempted to make a right turn onto Prospect Street from Route 20. The driver of Vehicle 1 stated he cut the turn to close by accident because he wanted to stay in the appropriate lines and not hit any other vehicles. Vehicle 1 took the right but not wide enough so Vehicle 2 (the trailer) hit the cement barrier on the side of the road and dragged it into the roadway. The trailer also hit the traffic light on the side of the road and knocked off the green light cover.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
AGRUS	844 TALLGRASS DR BARTLETT IL 60103		99	TRAILER - 18 WHEELER

Truck and Bus Information:

Registration # **P1121509** (From Vehicle Section)

Carrier Name _____ Bus Use **42**

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate **1** **43** Cargo Body Type Code **97** **44** GVWR/GCWR **3** **45**

Trailer Reg #: **519723ST** Reg Type **TRN** Reg State **IL** Reg Year **2015** 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

09/06/2024

Date