

Police Use Only

Date of Crash  
03/30/2025

Time of Crash  
1842  
24HR

City/Town  
Auburn

Commonwealth of Massachusetts

Motor Vehicle Crash  
Police Report

Number  
Vehicles  
1

Number  
Injured  
0

RMV Document Number

Speed Limit  
30

Latitude

Longitude

State Police

Local Police

MBTA Police

Campus Police

Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

11

Route# Direction Name of Roadway/Street

At

21

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

31

Route# Direction Name of Intersecting Roadway/Street

210

Route# Direction Address # Name of Roadway/Street

Feet N 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 11 #Occupants

☐ Hit/Run

☐ Moped

Crash Report ID# 25-117-AC

License # W1944505 St CA DOB/Age 01/01/1998

Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator ACIKLI, MESUT

Address 81 PARK PLZ APT 23

City DALY CITY State CA Zip 60074

Insurance Company ACCORD INSURANCE

Vehicle Travel Direction: N 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 # P1283246 Reg Type APN Reg State IL

Veh Year 2025 Veh Make VOLVO Veh Config. 10 21

Owner E&O SOLUTIONS INC

Address 668 W CENTER RD

City PALATINE State IL Zip 60074

Vehicle Action Prior to Crash 4 22

Event Sequence 41 23 23 23 23

Most Harmful Event 20 24

Driver Contributing Code 9 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 0 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 30

Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle) Address DOB/Age Sex

Operator See Above

34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility

1 1 4 0 0 10 1

Please Select One of the Following:

☐ Vehicle 2 #Occupants

☐ Hit/Run

☐ Moped

☐ Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Operator

Address

City State Zip

Insurance Company

Vehicle Travel Direction: N S E W Responding to Emergency?

Citation # (If Issued)

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

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

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config. 21

Owner

Address

City State Zip

Vehicle Action Prior to Crash 22

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26 26

Damaged Area Code: 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

Please fill out for operator and all occupants involved

Name (Last First Middle) Address DOB/Age Sex

Operator/Occupants See Above

34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility

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

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

Pakachoag St.

Thayer Ave.

93 Pakachoag St.

Points of impact

V1

V1

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

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Impact Arrow**

↑

### Crash Narrative:

V1 was traveling westbound on Thayer Ave, when they attempted to make a left turn on to Pakachoag St. While turning left, the trailer came in contact with 93 Pakachoag's lawn, causing damage. The trailer damaged the grass, and also dragged dirt and rocks into the roadway. Please note that Thayer Ave. is a small residential roadway, not suitable for Tractor Trailer units. See attached photos showing the property damage.

### Witnesses:

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

### Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VOZELLA CAROL A	93 PAKACHOAG ST AUBURN MA 01501-310	508-612-6518		LAWN

### 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 P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

03/30/2025

Date