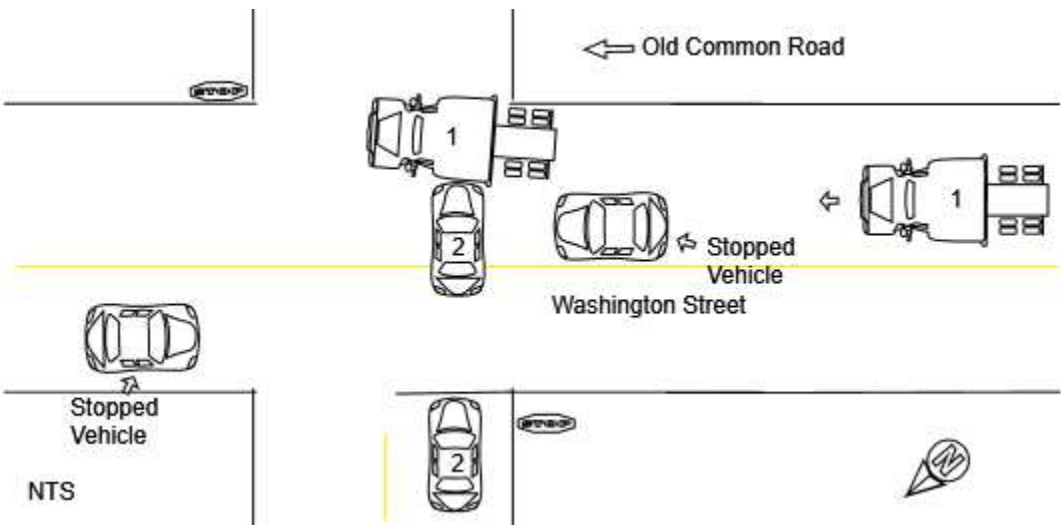


Police Use Only			Commonwealth of Massachusetts										RMV Document Number								
Date of Crash 12/14/2022		Time of Crash 1622 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 0		Speed Limit 50		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:													
WASHINGTON ST																					
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street															
At						Feet N S E W of or Mile Marker Exit Number															
OLD COMMON RD																					
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street															
Also at Intersection with																					
Route# Direction Name of Intersecting Roadway/Street						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# 22-427-AC													
License # 3414442 St RI DOB/Age 03/16/1996						Reg # 6689B Reg Type APN Reg State MA															
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2020 Veh Make KENWORTH Veh Config. 9 21															
Operator OBRIEN, DYLAN MATTHEW						Owner SIGNATURE FINANCIAL LLC															
Address 65 BARNES RD						Address 225 BROADHOLLOW RD APT E 13															
City BURRILLVILLE State RI Zip 02830						City MELVILLE State NY Zip 11747-0000															
Insurance Company ACADIA INSURANCE COMPANY						Vehicle Action Prior to Crash 9 22 Damaged Area Code: 7 27 27 27															
Vehicle Travel Direction: N S X 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						BAC Test Result: 30															
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32															
Driver Distracted by 0 26						Towed from scene? 2 33															
Please fill out for operator and all occupants involved																					
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 5 0 0 10 1															
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 21 #Occupants		<input type="checkbox"/> Non-Motorist A		Type 15 Action 16 Location 17 Condition 18		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped											
License # SA5600617 St MA DOB/Age 08/02/2003						Reg # 95BKWB Reg Type PAN Reg State FL															
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2019 Veh Make KIA Veh Config. 1 21															
Operator GRAVES, NYOMIE ARIANA						Owner THE HERTZ CORPORATION															
Address 39 STANTON ST APT 2						Address PO BOX 24130															
City WORCESTER State MA Zip 01605-4039						City OKLAHOMA CITY State OK Zip 73134-4130															
Insurance Company MAPFRE INSURANCE						Vehicle Action Prior to Crash 6 22 Damaged Area Code: 1 27 2 27 27															
Vehicle Travel Direction: N S X 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						BAC Test Result: 30															
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32															
Driver Distracted by 0 26						Towed from scene? 1 33															
Please fill out for operator/non-motorist and all occupants involved																					
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/Non-Motorist See Above						1 1 4 0 0 10 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

Intersection Arrow



### Crash Narrative:

V1 was traveling eastbound on Washington Street (public way). As V1 approached the area of Old Common Road (public way), a vehicle had stopped in the travel lane waiting to turn left onto Mill Street (public way). V2 was at the stop sign on Mill Street at around the same time attempting to cross Washington Street onto Old Common Road. V2 operator observed the vehicle in the east bound lane attempting to turn left, they then observed a vehicle stopped in the westbound lane of Washington Street. Believing it was safe to cross, V2 operator began to cross Washington Street in the direction of Old Common Road. As V1 approached the intersection of Washington/Old Common, V1 operator utilized the space available on the right side of the road to maneuver around the stopped vehicle. At the same time V2 was crossing Washington Street. V1 and V2 collided, causing heavy damage to V2 and minimal damage to V1. V2 was towed from the scene by Dorenzo Towing.

### 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 # **6689B** (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use **42**

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: **2052005** 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 Alexandrovich

Police Officer Name (Please Print)

Signature

81MA

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/14/2022

Date