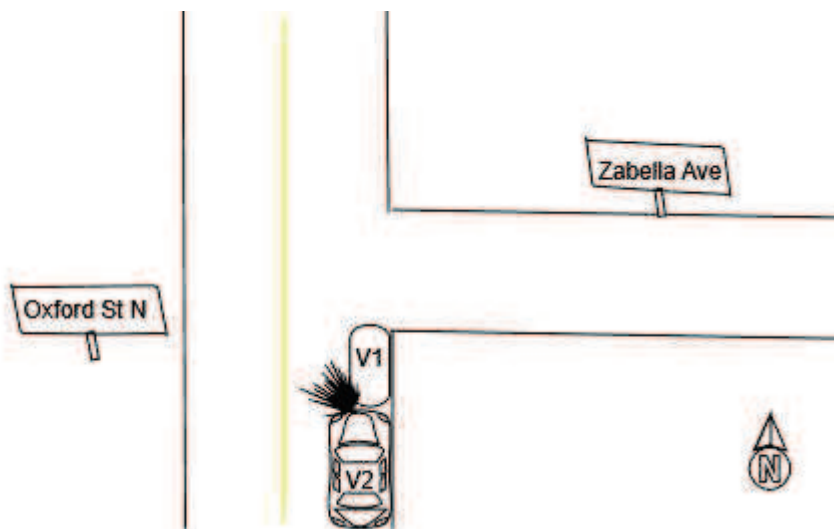


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 12/14/2022		Time of Crash 1742 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 0		Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction OXFORD STREET NO Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of or Mile Marker Exit Number											
Route# Direction ZABELLE AVE Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with						Feet N S E W of											
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# 22-428-AC									
License # S10539040 St MA DOB/Age 10/30/1990						Reg # P58520 Reg Type CO Reg State MA											
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2011 Veh Make JOHN DEERE Veh Config. 1 21											
Operator KELLEY, MICHAEL J Last First Middle						Owner BANC OF AMERICA LEASING AND CAPITAL LLC Last First Middle											
Address 727 WACHUSETT ST						Address 555 CALIFORNIA ST											
City HOLDEN State MA Zip 01520-2508						City SAN FRANCISCO State CA Zip 94104-0000											
Insurance Company LIBERTY MUTUAL FIRE INSUR						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 0 27 27 27											
Vehicle Travel Direction: X S 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											
Please fill out for operator and all occupants involved						Towed from scene? 2 33											
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 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 # S63011846 St MA DOB/Age 06/10/1966						Reg # 2JSR24 Reg Type PC Reg State MA											
Sex M Lic. Class 99 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2008 Veh Make FORD Veh Config. 1 21											
Operator ALMEIDA, PAULO S Last First Middle						Owner CANDIDO DE ALMEDIA L, DARLETE B Last First Middle											
Address 16 MILDRED AVE						Address 75 TEMPLE ST											
City WORCESTER State MA Zip 01603						City WORCESTER State MA Zip 01604											
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 27											
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28											
Citation # (If Issued) 720826AB						Most Harmful Event 1 24 Type of Test: 29											
Viol. 1: Ch/Sec/Sub 90 10 Viol. 2: Ch/Sec/Sub 720CMR 906						Driver Contributing Code 5 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											
Please fill out for operator/non-motorist and all occupants involved						Towed from scene? 1 33											
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:

On 12/14/2022, I responded to a motor vehicle accident on Oxford Street N at Zaballa Ave at approximately 1749 hours. Upon arrival I spoke with the Operator of Vehicle: 1 (V1) and the Operator of Vehicle: 2 (V2). V1 stated he was traveling in his company-owned backhoe at approximately 10 MPH. V1 stated that he was traveling northbound on Oxford Street N prior to the accident. V1 stated that he did not see the vehicle prior to impact. V2 stated that he was traveling at approximately 25 MPH prior to impact. V2 stated that he did not see the backhoe and drove straight into the rear of the backhoe. V1 and V2 denied needed medical attention. V1 was operable and left the scene without incident. V2 sustained severe damage to the front-center and front-right side. V2 was subsequently towed from the scene by Dorenzo's Towing. The Operator of V2 was issued 720826AB for Unlicensed Operator of MV (C90S10) and Following too closely (CMR720S9.06).

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 JORDAN D RYAN

Police Officer Name (Please Print)

Signature

90JR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/14/2022

Date