

Police Use Only			Commonwealth of Massachusetts					RMV Document Number				
Date of Crash 04/01/2023	Time of Crash 1615 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40	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>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of 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# 23-113-AC			
License # S19667107 St MA DOB/Age 01/02/1976						Reg # CL2966 Reg Type PC Reg State MA						
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2010 Veh Make HONDA Veh Config. 1 21						
Operator PESCHIERA, KATHLEEN DANIELLE						Owner PESCHIERA FERRAND, MARCO ENRIQUE						
Address 16 BARNES ST						Address 16 BARNES ST						
City AUBURN State MA Zip 01501-2712						City AUBURN State MA Zip 01501-2712						
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 2 22						
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23						
Citation # (If Issued)						Most Harmful Event 1 24						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26						
Please fill out for operator and all occupants involved						Damaged Area Code: 5 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: 31 Susp. Drug: 32						
						Towed from scene? 2 33						
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 # S18342961 St MA DOB/Age 08/23/1984						Reg # 3RGV97 Reg Type PC Reg State MA						
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2007 Veh Make Infiniti Veh Config. 1 21						
Operator HERNANDEZ, PEDRO ENRIQUE						Owner HERNANDEZ, PEDRO ENRIQUE						
Address 54 HOLLYWOOD ST APT 2R						Address 54 HOLLYWOOD ST APT 2R						
City WORCESTER State MA Zip 01610-3215						City WORCESTER State MA Zip 01610-3215						
Insurance Company ESURANCE INSURANCE COMPAN						Vehicle Action Prior to Crash 1 22						
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23						
Citation # (If Issued)						Most Harmful Event 1 24						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 5 25						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26						
Please fill out for operator/non-motorist and all occupants involved						Damaged Area Code: 1 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/Non-Motorist See Above						Type of Test: 29						
						BAC Test Result: 30						
						Susp. Alcohol: 31 Susp. Drug: 32						
						Towed from scene? 1 33						

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Rt. 20 E/B



189 Washington St.

Veh. 2



Veh. 1



Rt. 20 W/B



If Crash Did Not Occur on a Public Way:

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

↓ Arrow



Crash Narrative:

Vehicle one was slowing/ stopped in heavy traffic traveling westbound on Rt. 20 (public way). Vehicle two was also traveling westbound on Rt. 20. Vehicle two failed to slow down for stopped traffic, vehicle two rear ended vehicle one.

All parties declined medical attention. Vehicle two was towed away from the scene, vehicle two also had airbag deployment.

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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/01/2023

Date