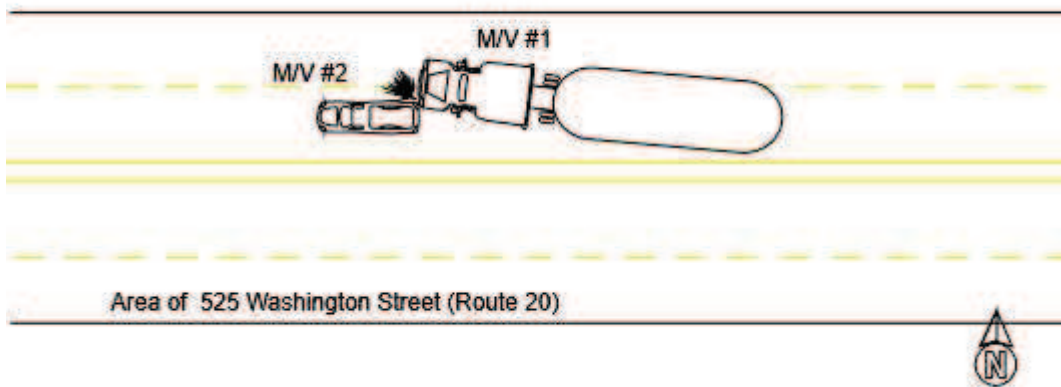


Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 04/14/2023		Time of Crash 1725 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						20 W 525 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S 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								2 10		
														2 11		
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# 23-128-AC								
License # S19750147 St MA DOB/Age 12/02/1999 Sex M Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement Operator MORALES, LUIS Address 185 HILLSIDE RD City SOUTHBRIDGE State MA Zip 01550-3613 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: N S E X 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 # 1AC95X Reg Type APN Reg State MA Veh Year 2012 Veh Make KENWORTH Veh Config. 10 21 Owner CRUISE CONTROL TRANSPORTATION INC Address 226 ROY RD City FISKDALE State MA Zip 01518-0000 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 99 25 25 Driver Distracted by 0 26 Damaged Area Code: 8 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33						1 12				
Please fill out for operator and all occupants involved												1 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																
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 # 020643730 St MA DOB/Age 08/31/1983 Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator DFAULT, GEORGE S Address 149 RAMSHORN RD City CHARLTON State MA Zip 01507 Insurance Company AMICA MUTUAL INSURANCE CO Vehicle Travel Direction: N S E X 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 # 7KB278 Reg Type PAN Reg State MA Veh Year 2021 Veh Make TOYOTA Veh Config. 2 21 Owner DFAULT, GEORGE S Address 149 RAMSHORN RD City CHARLTON State MA Zip 01507 Vehicle Action Prior to Crash 2 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 Damaged Area Code: 3 27 4 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33						2 14				
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																

→ = 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:

Both M/V's traveling west in the area of 525 Washington Street when traffic came to an abrupt stop. M/V #2 was able to stop however M/V #1 was unable to slow in time and attempted to swerve to avoid the collision but contacted the right rear of #2 with the left front corner of his vehicle.

### 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 Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/14/2023

Date