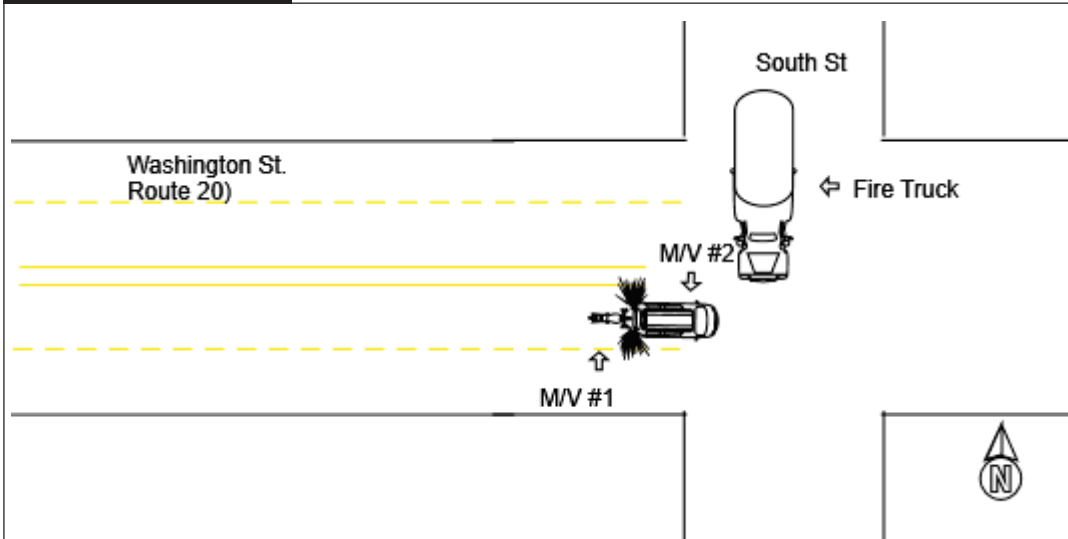


Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 04/14/2023		Time of Crash 1842 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
Route# Direction SOUTH ST						Route# Direction Address # Name of Roadway/Street										
At																
Route# Direction 20 E WASHINGTON ST						Feet N S E W of . or Exit Number										
Name of Intersecting Roadway/Street						Mile Marker										
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street										
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of 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# 23-129-AC								
License # S71029457 St MA DOB/Age 04/09/1964						Reg # 1V6979 Reg Type MCN Reg State MA										
Sex M Lic. Class D 19 M 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2020 Veh Make HARLEY-DAVIDSON Veh Config. 3 21										
Operator CHLUDENSKI, MICHAEL P						Owner CHLUDENSKI, MICHAEL P										
Address 7 MCGUIRE RD						Address 7 MCGUIRE RD										
City SUTTON State MA Zip 01590-2719						City SUTTON State MA Zip 01590-2719										
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 1 22										
Vehicle Travel Direction: N S X W 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: 1 27 3 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						1 5 5 1 0 1 1										
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 # S54037671 St MA DOB/Age 11/18/1968						Reg # 6GC281 Reg Type PAN Reg State MA										
Sex F Lic. Class D 19 M 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2014 Veh Make Infiniti Veh Config. 1 21										
Operator RODRIGUEZ BLANCO, MARIA B						Owner ALLEMANN, MARKUS										
Address 2 PATRIOT WAY						Address 2 PATRIOT WAY										
City NORTH GRAFTON State MA Zip 01536-1180						City NORTH GRAFTON State MA Zip 01536-1180										
Insurance Company ALLSTATE INSURANCE COMPAN						Vehicle Action Prior to Crash 2 22										
Vehicle Travel Direction: N S X W 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/non-motorist 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						1 1 4 0 0 10 1										
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 #1 & #2 traveling east on Washington St at the intersection of South St. Traffic signal was green for eastbound traffic however a fire truck responding to a fire was attempting to cross through the red light. M/V #2 stopped abruptly for the fire truck however M/V #1 was unable to stop in time before striking #2.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
RINALDO JOHN S	13 PARK ST OXFORD MA 01540		

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

Sergeant Spiros Kaperonis

Police Officer Name (Please Print)

Signature

56SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/14/2023

Date