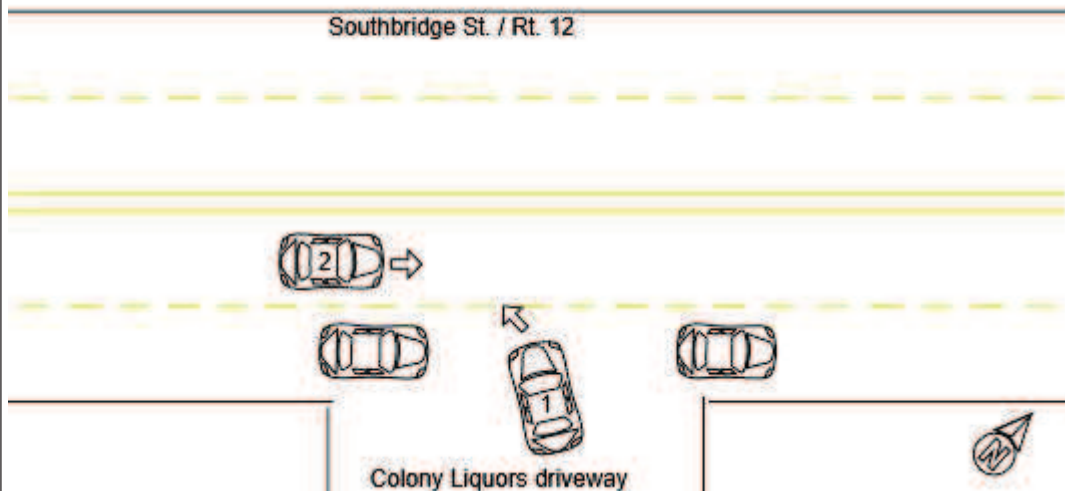


Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 04/22/2023		Time of Crash 1505 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:										
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
<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</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>0 Feet N S E W of</div> <div>COLONY LIQUORS</div> <div>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# 23-132-AC															
License # S50816890 St MA DOB/Age 11/26/1942						Reg # 8KY483 Reg Type PC Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2021 Veh Make TOYOTA Veh Config. 1 21																	
Operator HEBERT, RONALD F SR Last First Middle						Owner HEBERT, RONALD F SR Last First Middle																	
Address 62 JEROME AVE						Address 62 JEROME AVE																	
City AUBURN State MA Zip 01501-2657						City AUBURN State MA Zip 01501-2657																	
Insurance Company USAA GENERAL INDEMNITY CO						Vehicle Action Prior to Crash 4 22																	
Vehicle Travel Direction: N S E 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 4 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 5 26																	
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		X		X		1		1		4		0		0		10		1			
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #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 # St DOB/Age						Reg # 2RRL77 Reg Type PC Reg State MA																	
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2021 Veh Make HONDA Veh Config. 1 21																	
Operator Last First Middle						Owner WASIEWICZ, KRZYSZTOF Last First Middle																	
Address						Address 5 MELBOURNE RD																	
City State Zip						City WORCESTER State MA Zip 01607-1719																	
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22																	
Vehicle Travel Direction: N X E 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						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		X		X		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

Indicate Arrow



Crash Narrative:

Operator of vehicle 1 was attempting to exit the driveway of Colony Liquors to turn south onto Rt. 12 South. Operator of vehicle 1 stated other vehicles stopped in the right travel lane of Rt. 12 North waved him through. Vehicle 2 was travelling north in the left lane and struck vehicle 1 as vehicle 1 was entering traffic.

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 Tyler F Bresse

Police Officer Name (Please Print)

Signature

83TB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/22/2023

Date