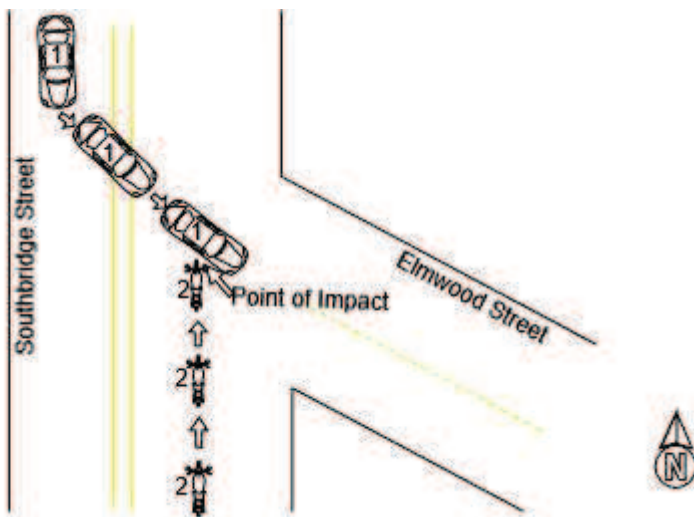


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 04/24/2023		Time of Crash 2124 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction SOUTHBRIDGE ST Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of . or Exit Number											
Route# Direction ELMWOOD ST 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# 23-134-AC									
License # SA1870327 St MA DOB/Age 12/02/2002						Reg # 4WV362 Reg Type PAN Reg State MA											
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2002 Veh Make MAZDA Veh Config. 1 21											
Operator PARADIS, BETHANY LEIGH Last First Middle						Owner PARADIS, NINA MARIE Last First Middle											
Address 226 HAMPTON ST						Address 226 HAMPTON ST											
City AUBURN State MA Zip 01501-2533						City AUBURN State MA Zip 01501-2533											
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 4 22 Damaged Area Code: 3 27 2 27 4 27											
Vehicle Travel Direction: N X 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						BAC Test Result: 1 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Driver Contributing Code 4 25 19 25						Towed from scene? 1 33											
Driver Distracted by 0 26																	
Please fill out for operator 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		See Above		X		X		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 # S49549066 St MA DOB/Age 02/26/1990						Reg # 2T8743 Reg Type MCN Reg State MA											
Sex M Lic. Class D 19 M 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2003 Veh Make HONDA Veh Config. 3 21											
Operator SMALTZ, JOSHUA D Last First Middle						Owner SMALTZ, JOSHUA D Last First Middle											
Address 16 DEER POND DR						Address 16 DEER POND DR											
City LEICESTER State MA Zip 01524-1102						City LEICESTER State MA Zip 01524-1102											
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 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						BAC Test Result: 1 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Driver Contributing Code 1 25 25						Towed from scene? 1 33											
Driver Distracted by 0 26																	
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		X		X		1	5	5	0	0					

→ = 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

↑ Arrow



Crash Narrative:

Vehicle #1 was traveling southbound on Southbridge Street. Vehicle #1 was turning left onto Elmwood Street. Vehicle #2 was traveling northbound on Southbridge Street when Vehicle #1 turned in front of Vehicle #2. This caused Vehicle #2 to run into Vehicle #1. Dash cam footage from Vehicle #1 shows that they pulled in front of Vehicle #2 when they were traveling stright ahead. Both vehicles were towed by Dorenzo's Towing and Recovery.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
PETRONE RYAN	19 COVENTRY RD WORCESTER MA 01606-2132		

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 ALEX K MYERS

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/24/2023

Date