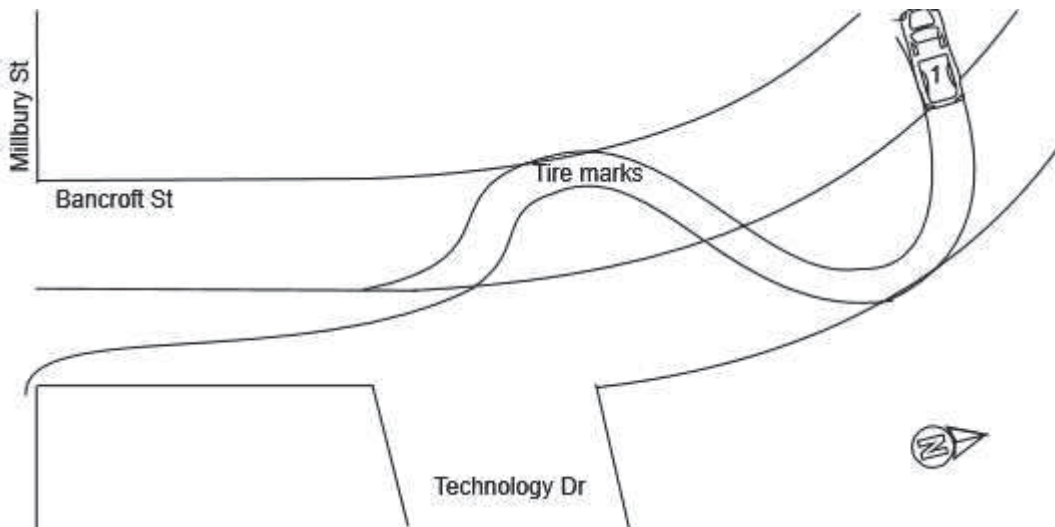


Police Use Only			Commonwealth of Massachusetts						RMV Document Number					
Date of Crash 04/25/2023		Time of Crash 1955 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:						
<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>Route# Direction Address # Name of Roadway/Street</div> <div>BANCROFT ST</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>200 Feet X S E W of TECHNOLOGY DR</div> <div>Feet N S E W of Intersecting Roadway/Street</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# 23-135-AC						
License # S26463458 St MA DOB/Age 02/02/1996						Reg # 3HZW87 Reg Type PAN Reg State MA								
Sex M Lic. Class D 19 19 M Lic. Restrictions 20 CDL Endorsement						Veh Year 1998 Veh Make DODGE Veh Config. 1 21								
Operator MARTIN, MATTHEW TYLER						Owner MARTIN, MATTHEW TYLER								
Address 3 MATNICK CIR						Address 3 MATNICK CIR								
City AUBURN State MA Zip 01501-3157						City AUBURN State MA Zip 01501-3157								
Insurance Company LIBERTY MUTUAL PERSONAL I						Vehicle Action Prior to Crash 97 22								
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 20 23 23 43 23 23								
Citation # (If Issued) 939275AB						Most Harmful Event 43 24								
Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub 90 24						Driver Contributing Code 10 25 25								
Viol. 3: Ch/Sec/Sub 90 7Q Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26								
Please fill out for operator and all occupants involved						Damaged Area Code: 11 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: 1 28								
Operator See Above						Type of Test: 29								
						BAC Test Result: 1 30								
						Susp. Alcohol: 2 31 Susp. Drug: 2 32								
						Towed from scene? 1 33								
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #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 # Reg Type Reg State								
Sex Lic. Class D 19 19 M Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config. 21								
Operator						Owner								
Address						Address								
City State Zip						City State Zip								
Insurance Company						Vehicle Action Prior to Crash 22								
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23								
Citation # (If Issued)						Most Harmful Event 24								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26								
Please fill out for operator/non-motorist and all occupants involved						Damaged Area Code: 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? 33								

→ = 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

Illustration of Arrow



Crash Narrative:

Operator of vehicle 1 stated his "clutch slipped" and he lost control as he attempted to make the turn to go north on Bancroft St. Tire marks in the roadway begin at the corner of Millbury St, begin to cross into oncoming south traffic in the area of Technology Dr., hit the curb on the southbound side of the road, moves back across to the northbound lane, strikes that curb, and rolls over in the southbound lane. When the truck flipped it struck telephone pole #25 and the guard rail.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NATIONAL GRID	939 SOUTHBRIDGE ST WORCESTER MA 016		4	TELEPHONE POLE
TOWN OF AUBURN	104 CENTRAL ST AUBURN MA 01501		3	GUARD RAIL

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

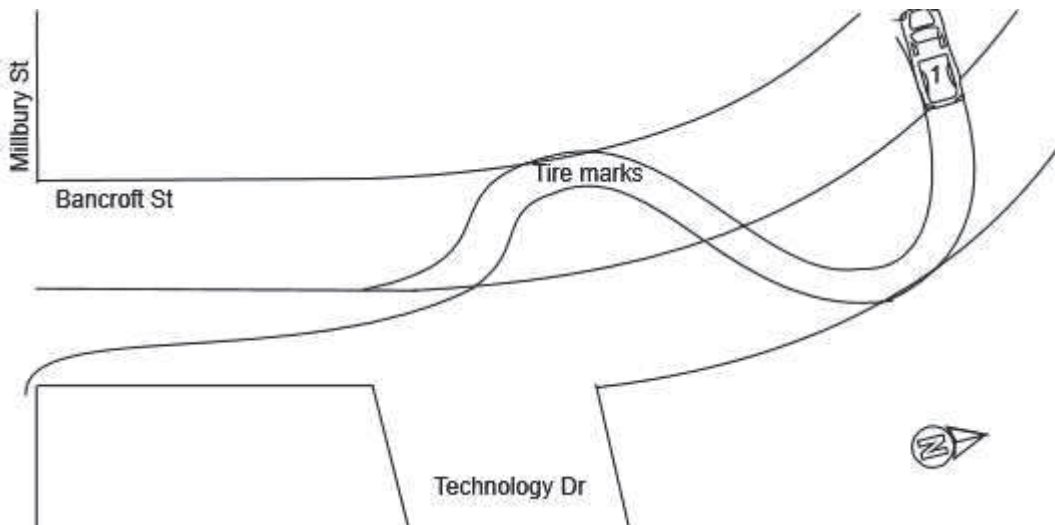
04/25/2023

Date

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Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
BRISCON ELECTRIC	93 BANCROFT ST AUBURN MA 01501	508-832-3481	97	CABLE WIRES

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 #: _____

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