

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 04/29/2023		Time of Crash 1244 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 0	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:									
<div>1</div> <div>1</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>2</div> <div>10</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>780 WASHINGTON ST</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>Feet N S E W of</div> <div>Landmark</div>											
						<div>2</div> <div>11</div>											
						<div>2</div> <div>1</div>											
						<div>3</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# 23-139-AC									
License # S30513353 St MA DOB/Age 11/15/1991						Reg # 2VEL95 Reg Type PC Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2007 Veh Make FORD Veh Config. 2 21											
Operator KNOUD, JOHN ANGELO						Owner YOUNGBERG, STEVEN J											
Address 4B CORREIA CIR APT B						Address 98 LODI RD											
City MILFORD State MA Zip 01757-3139						City MARLBOROUGH State MA Zip 01752-1453											
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash 2 22											
Vehicle Travel Direction: N S E X 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 5 25 97 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 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 See Above						Type of Test: 29											
						BAC Test Result: 30											
						Susp. Alcohol: 31 Susp. Drug: 32											
						Towed from scene? 2 33											
						1 13											
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 # S24182387 St MA DOB/Age 05/16/1996						Reg # 7SA296 Reg Type PC Reg State MA											
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2017 Veh Make NISSAN Veh Config. 1 21											
Operator MACLEAN, ANNA JUDITH						Owner MACLEAN, ANNA JUDITH											
Address 1 STONEYBROOK RD						Address 1 STONEYBROOK RD											
City CHARLTON State MA Zip 01507-1815						City CHARLTON State MA Zip 01507-1815											
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 2 22											
Vehicle Travel Direction: N S E X 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: 1 27 5 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											
XAVIER MIRANDA 1 STONEYBROOK RD CHARLTON, MA 01507-1815						BAC Test Result: 30											
						Susp. Alcohol: 31 Susp. Drug: 32											
						Towed from scene? 2 33											
						2 14											

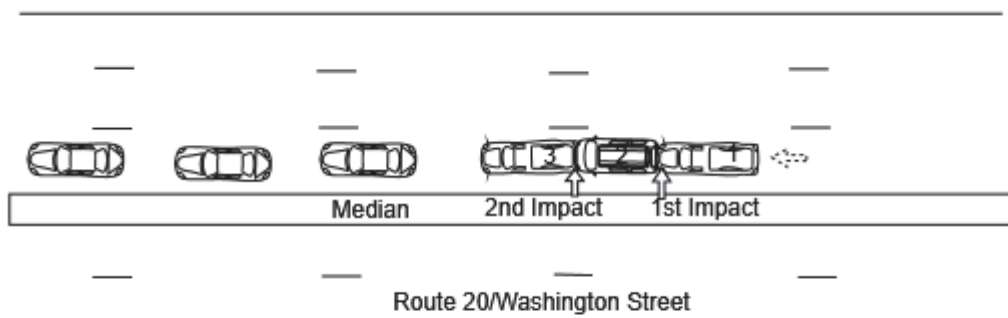
Form No. 10364 CRA-65 09/18

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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						Route# Direction Address # Name of Roadway/Street 780 WASHINGTON ST 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											
						Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 31 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped						Crash Report ID# 23-139-AC					
License # S56013833 St MA DOB/Age 06/27/1978 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator LYMAN, PAUL EDWARD Address 140 GREENVILLE ST City SPENCER State MA Zip 01562-2704 Insurance Company THE COMMERCE 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 # 2GLH89 Reg Type PC Reg State MA Veh Year 2012 Veh Make DODGE Veh Config. 2 21 Owner LYMAN, PAUL EDWARD Address 140 GREENVILLE ST City SPENCER State MA Zip 01562-2704 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33											
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											
Please Select One of the Following: <input type="checkbox"/> Vehicle 4 #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 Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Most Harmful Event 24 Type of Test: 29 Driver Contributing Code 25 25 BAC Test Result: 30 Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33											
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

↑ Arrow



### Crash Narrative:

Vehicle 2 and Vehicle 3 were stopped in traffic for a red traffic light in the inside west bound turn lane of Route 20/Washington Street. Vehicle 1 rear ended vehicle 2 which caused vehicle 2 to rear end vehicle 3.

### 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 Randy L McCarthy

Police Officer Name (Please Print)

Signature

78RM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/29/2023

Date