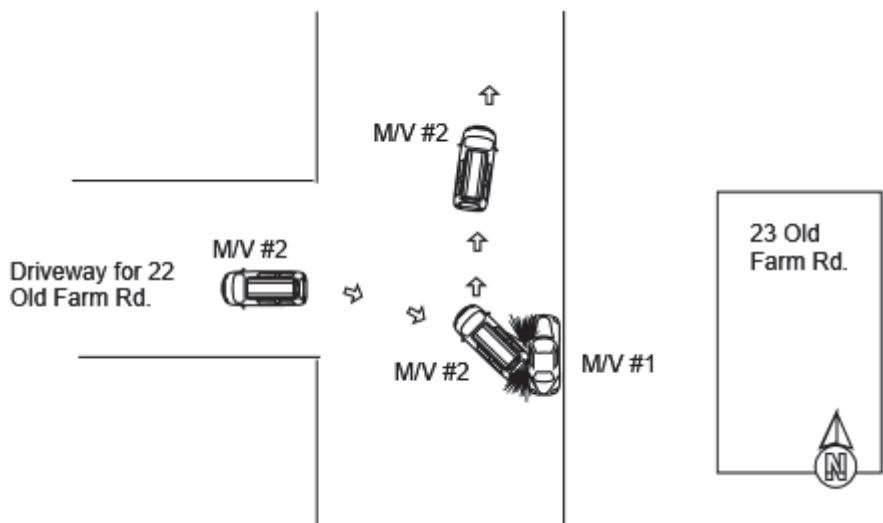


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 04/29/2023		Time of Crash 1816 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 20		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
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 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 10 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 23-140-AC									
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Driverless M.V. Address City State Zip Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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 # 691AF9 Reg Type PAN Reg State MA Veh Year 2018 Veh Make Veh Config. 1 Owner CYRONAK, MARK D Address 22 PEACH TREE DR City SUTTON State MA Zip 01590-4804 Vehicle Action Prior to Crash 11 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 Damaged Area Code: 7 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 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		X		X		1	99	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 # SA3540568 St MA DOB/Age 09/07/1987 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator REYES-GONZALEZ, ELIZABETH Address 7 WILLOW ST City WORCESTER State MA Zip 01603-2107 Insurance Company LM GENERAL INS CO Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) 036059AC Viol. 1: Ch/Sec/Sub 720CMR906B Viol. 2: Ch/Sec/Sub 90 24 Viol. 3: Ch/Sec/Sub 90 26 Viol. 4: Ch/Sec/Sub						Reg # 3HMG45 Reg Type PAN Reg State MA Veh Year 2022 Veh Make LEXUS Veh Config. 1 Owner RAMIREZ BAEZ, JOSE ALBERTO Address 7 WILLOW ST City WORCESTER State MA Zip 01603-2107 Vehicle Action Prior to Crash 10 22 Event Sequence 2 23 23 23 23 Most Harmful Event 2 24 Driver Contributing Code 99 25 25 Driver Distracted by 99 26 Damaged Area Code: 4 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 99 31 Susp. Drug: 99 32 Towed from scene? 2 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		X		X		1	99	4	0	0	99	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

↑ Arrow



Crash Narrative:

M/V #1 legally parked at the side of the road in front of #23 Old Farm Rd. M/V #2 (Amazon delivery driver) was backing out of driveway for 22 Old Farm Road and struck M/V #1. Operator of #2 subsequently fled and her identity was discovered several weeks later.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CUPINA CHERYL	23 OLD FARM RD AUBURN MA 01501	[REDACTED]	

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 Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/29/2023

Date