

Date of Crash **05/10/2023** Time of Crash **1743** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

I-90 I-90
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: Vehicle **1** #Occupants Hit/Run Moped
Crash Report ID# **23-157-AC**

License # **S90972516** St **MA** DOB/Age **04/16/1966** Reg # **1JV572** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **B 19 19 M** Lic. Restrictions **B 20** CDL Endorsement
Operator **GIARD, JASON FOSTER** Owner **GIARD, JASON FOSTER**
Address **25 CENTRAL ST** Address **25 CENTRAL ST**
City **AUBURN** State **MA** Zip **01501-2304** City **AUBURN** State **MA** Zip **01501-2304**
Insurance Company **QUINCY MUTUAL FIRE INSURA** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **7 27 27 27**
Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **9 25 25** BAC Test Result: **30**
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Viol. 3: Ch/Sec/Sub _____ 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	XXXXXX	XXXX	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **RT788686** St **OH** DOB/Age **03/02/1968** Reg # **PLM6959** Reg Type **PC** Reg State **OH**
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL Endorsement
Operator **CEPAK, TONY ADRIAN** Owner **CC2 ENTERPRISE**
Address **1137 MARCY ST APT 3** Address **3057 EASTPOINTE DR**
City **AKRON** State **OH** Zip **44301** City **MEDINA** State **OH** Zip **44256**
Insurance Company **FEDERATED MUTUAL** Vehicle Action Prior to Crash **9 22** Damaged Area Code: **0 27 27 27**
Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
Citation # (If Issued) **967226AB** Most Harmful Event **1 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub **89 9** Driver Contributing Code **97 25 25** BAC Test Result: **30**
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Viol. 3: Ch/Sec/Sub _____ 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	XXXXXX	XXXX	1	1	4	0	0	10	1	

Date of Crash 05/10/2023 Time of Crash 1743 City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0

Speed Limit 25 State Police Local Police MBTA Police Campus Police Other: []

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

I-90 I-90 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 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: [X] Vehicle 30 #Occupants [] Hit/Run [] Moped Crash Report ID# 23-157-AC

License # St DOB/Age Reg # TTG2568 Reg Type TRN Reg State OH Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Driverless M.V. Owner CC2 ENTERPRISE LLC Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 26 Towed from scene? 33

Table with columns: 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 row: Operator, See Above, [X], [X], 1, [], [], [], [], [], [], []

Please Select One of the Following: [] Vehicle 4 #Occupants [] Non-Motorist A Type 15 Action 16 Location 17 Condition 18 [] Hit/Run [] Moped

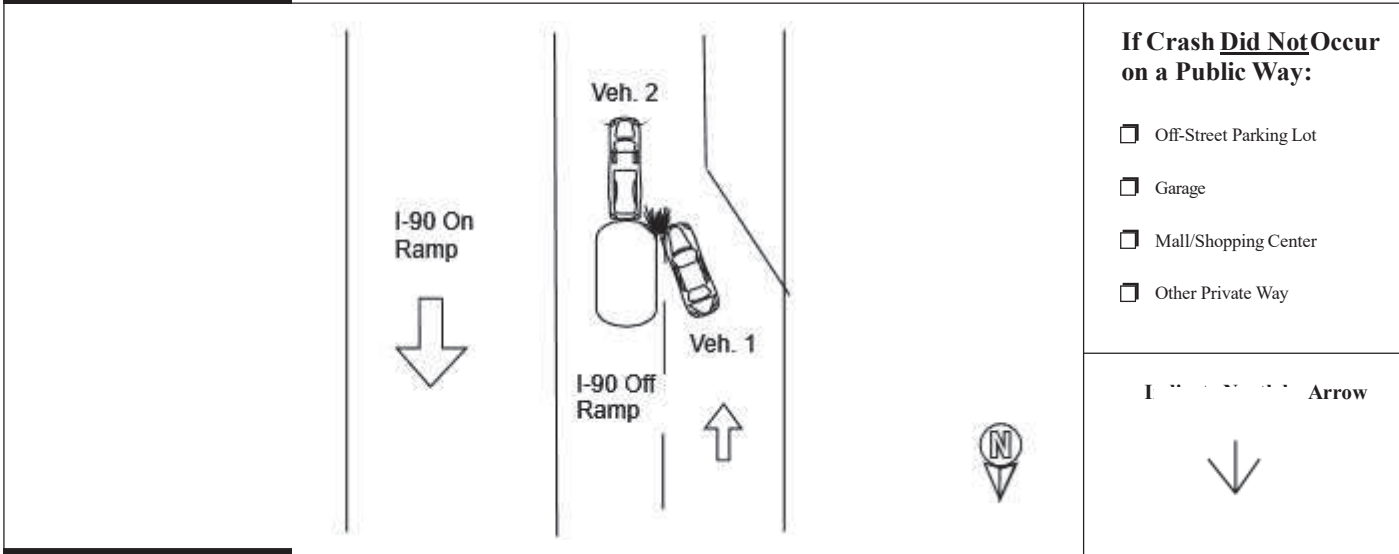
License # St DOB/Age Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Operator Owner Address City State Zip Insurance Company Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 26 Towed from scene? 33

Table with columns: 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 row: Operator/Non-Motorist, See Above, [X], [X], 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:

Vehicle one and vehicle two (pulling a trailer) were exiting I-90 (public way). Vehicle one was in the right travel lane, vehicle two was in the left travel lane. On the exit ramp the two lanes merge. Vehicle one pulled ahead of vehicle two (see dash cam footage). Vehicle two continued to go past vehicle one. As a result the trailer of vehicle two side swiped vehicle one (see photos).

Both drivers declined medical attention.

Operator of vehicle two was issued MA Citation 967226AB for ch. 89 S. 9 failure to yield.

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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

05/10/2023

Date