Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
05/23/2023	0920 24HR	Auburn	1	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 (1)

Route# | Direction | WOODLAND RD — Name of Roadway/Street

At

Route# | Direction | FOREST DR — Name of Intersecting Roadway/Street

Also at Intersection with

2 (2)

Route# | Direction | Name of Intersecting Roadway/Street

Route# | Direction | Address # | Name of Roadway/Street

Feet N S E W of — — — • — Mile Marker or Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

10: 1

11: 1

3 (1)

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped **Crash Report ID#** 23-171-AC

4 (2)

License # 075036490 St CT DOB/Age 07/19/1961 Reg # 72486A Reg Type CON Reg State CT

Sex M Lic. Class 19 A 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2020 Veh Make Truck Veh Config. 21 7

12: 1

Operator MCLEAN, FRANK JAMES (Last, First, Middle) **Owner** RASON TRUCKING LLC (Last, First, Middle)

Address 253 OLD TPKE Address 99 CANAL ST

City WOODSTOCK VLY State CT Zip 06282 City PUTNAM State CT Zip 06260

Insurance Company ZURICH AMERICAN

5 (1)

Vehicle Travel Direction: N ☒ E 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

Vehicle Action Prior to Crash 22: 1

Event Sequence 23: 97 23 23 23

Most Harmful Event 24: 97

Driver Contributing Code 25: 19 25: 97

Driver Distracted by 26: 99

Damaged Area Code 27: 0 27 27

Test Status 28:

Type of Test 29:

BAC Test Result 30:

Susp. Alcohol 31: 2 Susp. Drug 32: 2

Towed from scene? 33: 2

13: 23

6 (1)

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			1	2	5	0	0	10	1	

7 (3)

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

License # St DOB/Age Reg # Reg Type Reg State

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year Veh Make Veh Config. 21

8 (1)

Operator (Last, First, Middle) **Owner** (Last, First, Middle)

Address Address

City State Zip City State Zip

14: 1

Insurance Company

Vehicle Travel Direction: N S E W Responding to Emergency?

Citation # (If Issued)

9 (2)

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Vehicle Action Prior to Crash 22

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26

Damaged Area Code 27 27 27

Test Status 28

Type of Test 29

BAC Test Result 30

Susp. Alcohol 31 Susp. Drug 32

Towed from scene? 33

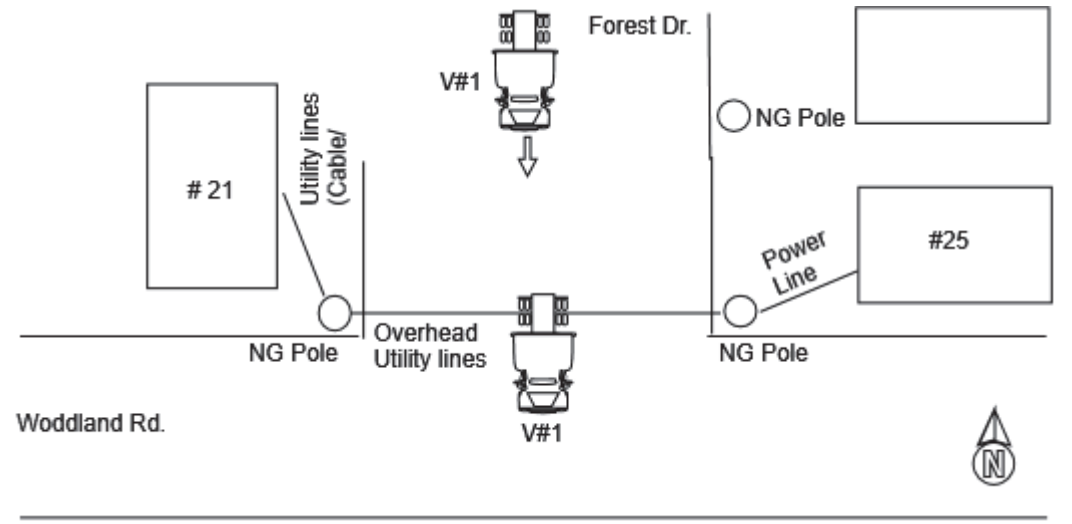
Please fill out for operator/non-motorist and all occupants involved

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			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

Indicate North Arrow

Crash Narrative:

V#1 AT PAVING WORK AREA.

v#1 RAIDE BED TO CLEAN OUT FROM REMAINING MATERIAL.

v#1 FAILED TO LOWER BED AND TRAVELED SOUTH ON FOREST DR.

V#1 RAISED BED GOT CAUGHT ON OVERHEAD UTILITY LINES RESULTING IN POWER LINE AND ELECTRICAL HOUSING OF RESIDENTAL HOME BEING RIPPED/DAMAGED (#25 WOODLAND),OTHER UTILITY LINES (PHONE/CABLE) RIPPED FROM #21 WOODLAND, AND NG POLE REQUIRED REPLACEMENT.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NATIONAL GRID	SOUTHBRIDGE WORCESTER MA 016**		4	UTILITY POLE
CROSBIE JAMES CRAWFORD	25 WOODLAND RD AUBURN MA 01501-2149	[redacted]	97	ELECTRICAL HOUSING AND LINES

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

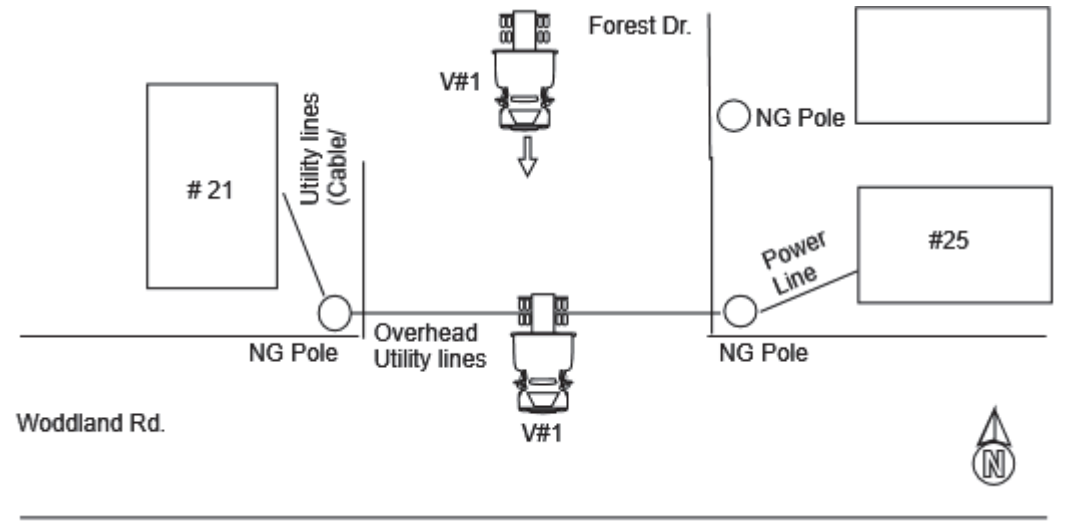
Sergeant Luis W Santos		53LS	Auburn Police Department		05/23/2023
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11-24-00

= Direction 1 = Vehicle 1 2 = Vehicle 2 = Pedestrian = Bicycle

Crash Diagram:

ie: 1 2



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Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
PAGE DEBORAH L	21 WOODLAND RD AUBURN MA 01501-2148	[redacted]	97	UTILITY LINES

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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CDP1 11-24-00