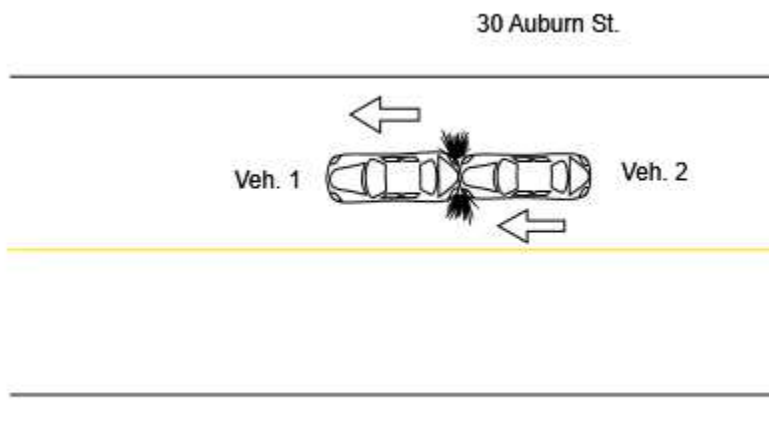


Police Use Only			Commonwealth of Massachusetts					RMV Document Number															
Date of Crash 02/23/2023		Time of Crash 1501 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2		Number Injured 0		Speed Limit 30 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
AT INTERSECTION:				< LOCATION >				NOT AT INTERSECTION:															
<div>11</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>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>															
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 23-57-AC															
License # 6861359 St ME DOB/Age 07/27/1998								Reg # 6KLY60 Reg Type PC Reg State MA															
Sex M Lic. Class 19 19 C Lic. Restrictions 20 CDL Endorsement								Veh Year 2015 Veh Make JEEP Veh Config. 1 21															
Operator LEAR, ZACHARY Last First Middle								Owner TARASKIEWICZ, SYDNEY A Last First Middle															
Address 302 POORS MILL RD								Address 45 MERRIAM DISTRICT															
City BELFAST State ME Zip 04915								City NORTH OXFORD State MA Zip 01537-1011															
Insurance Company SAFETY INSURANCE COMPANY								Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 27 27															
Vehicle Travel Direction: X S 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 Viol. 2: Ch/Sec/Sub								Driver Contributing Code 99 25 25 BAC Test Result: 30															
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub								Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32															
Please fill out for operator and all occupants involved								Towed from scene? 2 33															
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		DOB/Age		Sex		1		1		4		0		0		10		1			
DANIEL HAAGE		176 MAPLE AVE RUTLAND, MA 01543-1331		09/15/1999		M		3		1		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 # S96998671 St MA DOB/Age 07/03/2000								Reg # 3TBW14 Reg Type PC Reg State MA															
Sex F Lic. Class 19 19 D Lic. Restrictions 20 CDL Endorsement								Veh Year 2008 Veh Make FORD Veh Config. 1 21															
Operator PONG, HALEY MARIE Last First Middle								Owner PONG, HALEY MARIE Last First Middle															
Address 26 EKMAN ST APT 1								Address 26 EKMAN ST APT 1															
City WORCESTER State MA Zip 01607-1928								City WORCESTER State MA Zip 01607-1928															
Insurance Company GOVERNMENT EMPLOYEES INSU								Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27															
Vehicle Travel Direction: X S 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 Viol. 2: Ch/Sec/Sub								Driver Contributing Code 99 25 25 BAC Test Result: 30															
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub								Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32															
Please fill out for operator/non-motorist and all occupants involved								Towed from scene? 99 33															
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		DOB/Age		Sex		1		1		1		0		0		10		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

1 = Direction Arrow



Crash Narrative:

Vehicle one and two were traveling northbound on Auburn St. (public way). Vehicle one slowed and eventually stopped in traffic. Vehicle two was following too closely, as a result vehicle two struck vehicle one.

All parties were evaluated by medics and declined going to the hospital.

Vehicle one drove away on its own. Operator of vehicle two made their own arrangements.

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

02/23/2023

Date