

|   |  |   |                               |                                  |  |   |  |  |  |                         |                        |                        |                     |  |  |                    |  |                        |  |                       |  |                  |  |
|---|--|---|-------------------------------|----------------------------------|--|---|--|--|--|-------------------------|------------------------|------------------------|---------------------|--|--|--------------------|--|------------------------|--|-----------------------|--|------------------|--|
| Police Use Only   |  |   | Commonwealth of Massachusetts |                                  |  |   |  |  |  |                         |                        |                        | RMV Document Number |  |  |                    |  |                        |  |                       |  |                  |  |
| Date of Crash<br>02/28/2025   |  | Time of Crash<br>0434<br>24HR                             |                               | City/Town<br>Auburn              |  | Motor Vehicle Crash<br>Police Report  |  |  |  | Number<br>Vehicles<br>1 | Number<br>Injured<br>0 | Speed Limit 30         |                     | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other: |  |                    |  |                        |  |                       |  |                  |  |
| AT INTERSECTION:  |  |   |                               |                                  |  | < LOCATION >  |  | NOT AT INTERSECTION:   |  |                         |                        |                        |                     |  |  |                    |  |                        |  |                       |  |                  |  |
| Route# Direction Name of Roadway/Street<br>At<br>Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with<br>Route# Direction Name of Intersecting Roadway/Street  |  |   |                               |                                  |  | Route# Direction Address # Name of Roadway/Street<br>Feet N S E W of or Mile Marker Exit Number<br>Feet N S E W of Route# Intersecting Roadway/Street<br>Feet N S E W of Landmark   |  |  |  |                         |                        |                        |                     |  |  |                    |  |                        |  |                       |  |                  |  |
|   |  |   |                               |                                  |  |   |  |  |  |                         |                        |                        |                     |  |  |                    |  |                        |  |                       |  |                  |  |
|   |  |   |                               |                                  |  |   |  |  |  |                         |                        |                        |                     |  |  |                    |  |                        |  |                       |  |                  |  |
| 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# 25-88-AC  |  |                         |                        |                        |                     |  |  |                    |  |                        |  |                       |  |                  |  |
| License # S28735858 St MA DOB/Age 02/12/1971<br>Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement<br>Operator MATIAS, EFRAIN<br>Address 35 LAURIER ST<br>City WORCESTER State MA Zip 01603-1332<br>Insurance Company GOVERNMENT EMPLOYEES INSU<br>Vehicle Travel Direction: N X E W Responding to Emergency? 2<br>Citation # (If Issued)<br>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub<br>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub |  |   |                               |                                  |  | Reg # 4AAB47 Reg Type PAN Reg State MA<br>Veh Year 2005 Veh Make CHRYSLER Veh Config. 1<br>Owner MATIAS, EFRAIN<br>Address 35 LAURIER ST<br>City WORCESTER State MA Zip 01603-1332<br>Vehicle Action Prior to Crash 1 22<br>Event Sequence 20 23 23 23 23<br>Most Harmful Event 20 24<br>Driver Contributing Code 1 25 25<br>Driver Distracted by 0 26 26<br>Damaged Area Code: 10 27 27 27<br>Test Status: 1 28<br>Type of Test: 0 29<br>BAC Test Result: 1 30<br>Susp. Alcohol: 2 31 Susp. Drug: 2 32<br>Towed from scene? 2 33 |  |  |  |                         |                        |                        |                     |  |  |                    |  |                        |  |                       |  |                  |  |
| Please fill out for operator and all occupants involved   |  |   |                               |                                  |  |   |  |  |  |                         |                        |                        |                     |  |  |                    |  |                        |  |                       |  |                  |  |
| Name (Last First Middle)  |  | Address   |                               | DOB/Age                          |  | Sex   |  | 34<br>Seat<br>Pos.   |  | 35<br>Safety<br>System  |                        | 36<br>Airbag<br>Status |                     | 37<br>Eject<br>Code  |  | 38<br>Trap<br>Code |  | 39<br>Injury<br>Status |  | 40<br>Transp.<br>Code |  | Medical Facility |  |
| Operator  |  | See Above   |                               | X                                |  | X   |  | 1  |  | 1                       |                        | 4                      |                     | 0  |  | 0                  |  | 10                     |  | 1                     |  | NONE             |  |
|   |  |   |                               |                                  |  |   |  |  |  |                         |                        |                        |                     |  |  |                    |  |                        |  |                       |  |                  |  |
|   |  |   |                               |                                  |  |   |  |  |  |                         |                        |                        |                     |  |  |                    |  |                        |  |                       |  |                  |  |
|   |  |   |                               |                                  |  |   |  |  |  |                         |                        |                        |                     |  |  |                    |  |                        |  |                       |  |                  |  |
| Please Select One of the Following:   |  | <input type="checkbox"/> Vehicle 2 #Occupants             |                               | <input type="checkbox"/> Hit/Run |  | <input type="checkbox"/> Moped  |  | <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. |  |                         |                        |                        |                     |  |  |                    |  |                        |  |                       |  |                  |  |
| License # St DOB/Age<br>Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement<br>Operator<br>Address<br>City State Zip<br>Insurance Company<br>Vehicle Travel Direction: N S E W Responding to Emergency?<br>Citation # (If Issued)<br>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub<br>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub   |  |   |                               |                                  |  | Reg # Reg Type Reg State<br>Veh Year Veh Make Veh Config. 21<br>Owner<br>Address<br>City State Zip<br>Vehicle Action Prior to Crash 22<br>Event Sequence 23 23 23 23<br>Most Harmful Event 24<br>Driver Contributing Code 25 25<br>Driver Distracted by 26 26<br>Damaged Area Code: 27 27 27<br>Test Status: 28<br>Type of Test: 29<br>BAC Test Result: 30<br>Susp. Alcohol: 31 Susp. Drug: 32<br>Towed from scene? 33  |  |  |  |                         |                        |                        |                     |  |  |                    |  |                        |  |                       |  |                  |  |
| Please fill out for operator and all occupants involved   |  |   |                               |                                  |  |   |  |  |  |                         |                        |                        |                     |  |  |                    |  |                        |  |                       |  |                  |  |
| Name (Last First Middle)  |  | Address   |                               | DOB/Age                          |  | Sex   |  | 34<br>Seat<br>Pos.   |  | 35<br>Safety<br>System  |                        | 36<br>Airbag<br>Status |                     | 37<br>Eject<br>Code  |  | 38<br>Trap<br>Code |  | 39<br>Injury<br>Status |  | 40<br>Transp.<br>Code |  | Medical Facility |  |
| Operator/Occupants  |  | 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:

MV 1 travelling South on Heard Street, lost traction uphill due to flash frozen water, making roadway ice covered. Operator unable to stop slide and momentum. MV 1 slides sideways striking curb and then travels' slightly up an embankment into small stand of scrub trees. MV 1 stopped facing North.

MV 1 minor body damage unknown undercarriage damage. MV towed out of trees and was able to be driven from scene by operator. No injurie and no citation issued. Also no property damage.

### 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 John E McLaughlin

Police Officer Name (Please Print)

Signature

94JM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/28/2025

Date