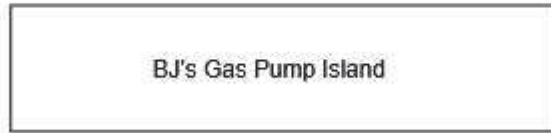


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|--|--|---|-------------------------------|----------------------------------|--|--|--|--|--|----------------------|--|---------------------|---------------------|------------------|--|--|--|--------------|--|------------------|--|-----------------|--|------------------|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | | | | | | | RMV Document Number | | | | | | | | | | | | |
| Date of Crash 08/18/2025 | | Time of Crash 1537 24HR | | City/Town Auburn | | Motor Vehicle Crash Police Report | | | | Number Vehicles 2 | | Number Injured 0 | | Speed Limit 5 | | State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <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 | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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# 25-265-AC | | | | | | | | | | | | | | | | | |
| License # 096589586 St CT DOB/Age 09/10/1961 Sex M Lic. Class B 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator CHAPDELAINE, DAVID J Address 63 WAGHER RD City N GROSVENORDALE State CT Zip 06255 Insurance Company American Commerce Insuran Vehicle Travel Direction: N S E X 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 # 4272CX Reg Type PAN Reg State CT Veh Year 2020 Veh Make CHEVROLET Veh Config. 2 21 Owner CHAPDELAINE, DAVID J Address 63 WAGHER RD City N GROSVENORDALE State CT Zip 06255 Vehicle Action Prior to Crash 10 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 19 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 0 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 | | | | | | 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 | | 1 | | 99 | | 4 | | 0 | | 0 | | 10 | | 1 | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please Select One of the Following: | | <input checked="" type="checkbox"/> Vehicle 21 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. | | | | | | | | | | | | | | | | | |
| License # S81496944 St MA DOB/Age 06/03/1989 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator SUJDAK, MATTHEW ARTHUR Address 750 SCHOOL ST City WEBSTER State MA Zip 01570-2923 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: N S E X 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 # 1VRS90 Reg Type PAN Reg State MA Veh Year 2024 Veh Make MERCEDES-BENZ Veh Config. 1 21 Owner SUJDAK, MATTHEW ARTHUR Address 750 SCHOOL ST City WEBSTER State MA Zip 01570-2923 Vehicle Action Prior to Crash 2 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 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 | | | | | | 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/Occupants | | | | | | See Above | | X | | 1 | | 99 | | 4 | | 0 | | 0 | | 10 | | 1 | | | |
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→ = 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 Direction of Travel with Arrow



Crash Narrative:

Both M/V's in the BJ's gas lot to fuel up. M/V #1 reversed to go to a different pump and backed into M/V #2 with the ball hitch.

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 Daniel P Dyson

Police Officer Name (Please Print)

Signature

73DD

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/18/2025

Date