

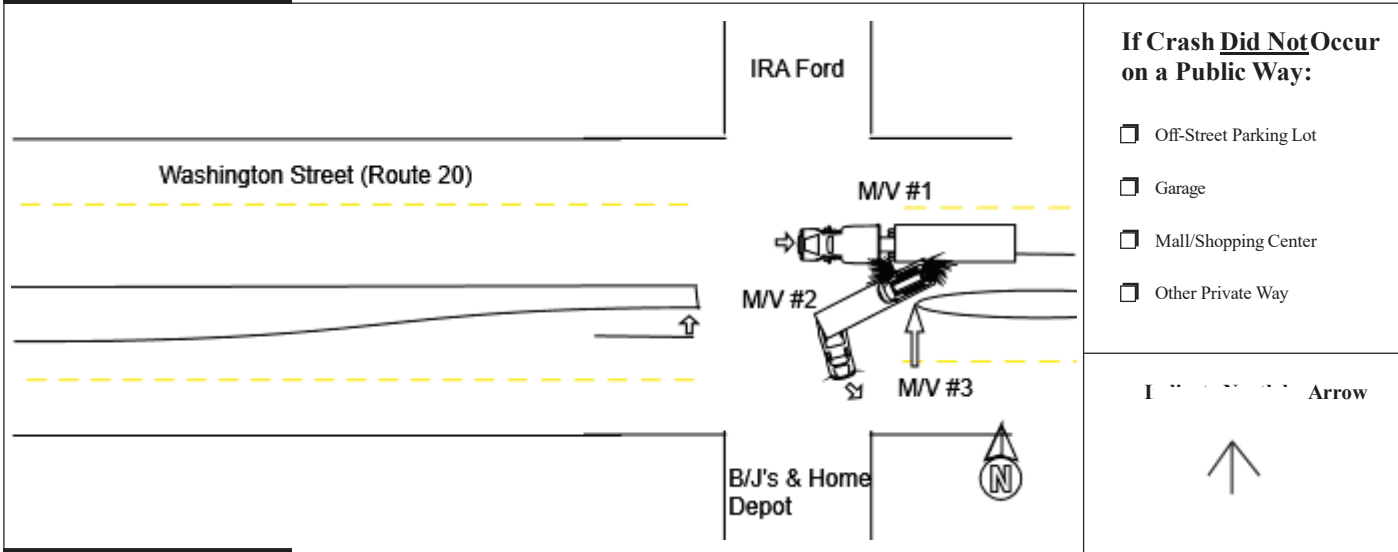
Police Use Only			Commonwealth of Massachusetts										RMV Document Number														
Date of Crash 08/29/2025		Time of Crash 0927 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 0	Speed Limit 45		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																			
<div>1</div> <div>1</div> <div>1</div> <div>2</div> <div>3</div>						<div>2</div> <div>10</div> <div>4</div> <div>11</div>																					
						Route# Direction Name of Roadway/Street						20 W 780 WASHINGTON ST						Route# Direction Address # Name of Roadway/Street									
						At						Feet N S E W of . or						Mile Marker Exit Number									
						Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of						Route# Intersecting Roadway/Street									
Also at Intersection with						Feet N S E W of						Route# Intersecting Roadway/Street															
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of						Landmark															
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# 25-286-AC																	
License # 039707320 St CT DOB/Age 03/01/2003														Reg # 77237A Reg Type CON Reg State CT													
Sex M Lic. Class A M Lic. Restrictions 1 20 CDL Endorsement														Veh Year 2021 Veh Make PeterBuilt Veh Config. 10 21													
Operator DE FIGUEIREDO, BRYAN GERTS														Owner B & K TRANSPORTS LLC													
Address 5 SKYLINE DR														Address 5 SKYLINE DR													
City OXFORD State CT Zip 06478														City OXFORD State CT Zip 06478													
Insurance Company Progressive Casualty Insu														Vehicle Action Prior to Crash 10 22													
Vehicle Travel Direction: N S E X Responding to Emergency? 2														Event Sequence 1 23 23 23 23													
Citation # (If Issued) 666548AD														Most Harmful Event 1 24													
Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub 720CMR 908														Driver Contributing Code 10 25 9 25													
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub														Driver Distracted by 99 26 26													
Please fill out for operator and all occupants involved														Vehicle Action Prior to Crash 10 22													
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														Damaged Area Code: 7 27 27 27													
Operator See Above														Test Status: 1 28													
KEVEN DE FIGUEIREDO 5 SKYLINE DR OXFORD, CT 06478 03/27/2005 M 10 99 5 0 0 10 1														Type of Test: 29													
														BAC Test Result: 30													
														Susp. Alcohol: 2 31 Susp. Drug: 2 32													
														Towed from scene? 2 33													
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 # SA0781543 St MA DOB/Age 12/30/1991														Reg # 5538735 Reg Type TRN Reg State ME													
Sex M Lic. Class A M Lic. Restrictions E 20 CDL T Endorsement														Veh Year 2024 Veh Make Utility Trailer Veh Config. 8 21													
Operator AL-OBAIDI, HAITHAM														Owner TMT RESOURCES LLC													
Address 8 COLONY RD														Address 56 HILLSIDE AVE													
City WEST SPRINGFIELD State MA Zip 01089														City WEST SPRINGFIELD State MA Zip 01089													
Insurance Company SAFETY INS CO														Vehicle Action Prior to Crash 4 22													
Vehicle Travel Direction: N S E X Responding to Emergency? 2														Event Sequence 1 23 23 23 23													
Citation # (If Issued)														Most Harmful Event 1 24													
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub														Driver Contributing Code 1 25 25													
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub														Driver Distracted by 0 26 26													
Please fill out for operator and all occupants involved														Vehicle Action Prior to Crash 4 22													
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														Damaged Area Code: 3 27 4 27 27													
Operator/Occupants See Above														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													

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AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																			
<div>1</div> <div>1</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>2</div> <div>10</div> <div>20 W 780 WASHINGTON ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>																					
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						<div>2</div> <div>1</div>																					
						<div>3</div>																					
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 30 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-286-AC																			
License # St DOB/Age						Reg # UNREGISTERED Reg Type CON Reg State NY						Veh Year 2018 Veh Make NISSAN Veh Config. 2															
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Owner TMT RESOURCES						Last First Middle															
Operator Driverless M.V.						Address 56 HILLSIDE AVE						City WEST SPRINGFIELD State MA Zip 01089															
Address						Vehicle Action Prior to Crash 4						Damaged Area Code: 3 27 4 27 27															
City State Zip						Event Sequence 1 23 23 23 23						Test Status: 1 28															
Insurance Company						Most Harmful Event 1 24						Type of Test: 0 29															
Vehicle Travel Direction: N S E W Responding to Emergency?						Driver Contributing Code 1 25 25						BAC Test Result: 30															
Citation # (If Issued)						Driver Distracted by 0 26 26						Susp. Alcohol: 31 Susp. Drug: 32															
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Towed from scene? 2 33						1 13															
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub																											
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		X		X		1															
Please Select One of the Following:		<input type="checkbox"/> Vehicle 4 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																			
License # St DOB/Age						Reg # Reg Type Reg State						Veh Year Veh Make Veh Config. 21															
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Owner						Last First Middle															
Operator						Address						City State Zip															
Address						Vehicle Action Prior to Crash 22						Damaged Area Code: 27 27 27															
City State Zip						Event Sequence 23 23 23 23						Test Status: 28															
Insurance Company						Most Harmful Event 24						Type of Test: 29															
Vehicle Travel Direction: N S E W Responding to Emergency?						Driver Contributing Code 25 25						BAC Test Result: 30															
Citation # (If Issued)						Driver Distracted by 26 26						Susp. Alcohol: 31 Susp. Drug: 32															
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Towed from scene? 33						2 14															
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub																											
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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/Occupants						See Above		X		X		1															

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ○ = Bicycle

### Crash Diagram:

ie: → 1 → 2 → ○ → ○



### Crash Narrative:

M/V #1 - TT unit / car carrier

M/V #2 - HD pick-up towing a car carrier

M/V #3 - Cargo attached to trailer of M/V #2.

Oper of #1 stated M/V #2 was making a left turn and the rear of his trailer swung out striking the side of his truck/ trailer.

Oper of #2 stated he was attempting to make the left turn and oper. of #1 was attempting to reverse on the highway to make the same turn he was making. As the trailer came around, his trailer with the third van attached contacted M/V #1. Passenger of M/V #1 stated he was in sleeper cab at the time and did not see what happened bu did confirm they were reversing.

### 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

08/29/2025

Date