

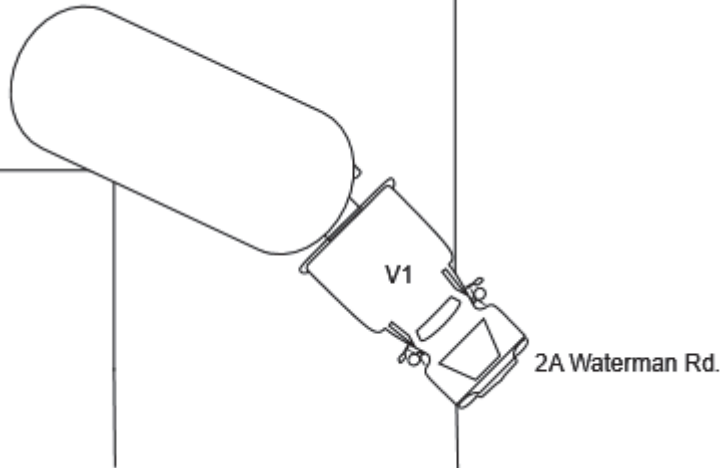
Police Use Only			Commonwealth of Massachusetts										RMV Document Number																																																														
Date of Crash 06/14/2025		Time of Crash 1430 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 30		State 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>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>2A WATERMAN RD</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S X 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>																																																																					
						<div>3</div> <div>Please Select One of the Following:</div> <div><input checked="" type="checkbox"/> Vehicle 11 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div>Crash Report ID# 25-202-AC</div>																																																																					
						<div>4</div> <div>License # 152553862 St TN DOB/Age 02/15/1996</div> <div>Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL T Endorsement</div> <div>Operator YVAN, NGABO NZIZA</div> <div>Address 2618 WIMPOLE AVE</div> <div>City KNOXVILLE State TN Zip 37914</div> <div>Insurance Company OBSIDIAN INSURANCE CO.</div> <div>Vehicle Travel Direction: N S X W Responding to Emergency? 2</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>1</div> <div>Reg # T7798HY Reg Type APN Reg State TN</div> <div>Veh Year 2025 Veh Make FREIGHTLINER Veh Config. 10 21</div> <div>Owner NEW HORIZONS LEASING INC</div> <div>Address 7135 CENTENNIAL PL</div> <div>City NASHVILLE State TN Zip 37209</div> <div>Vehicle Action Prior to Crash 3 22</div> <div>Event Sequence 20 23 23 23 23</div> <div>Most Harmful Event 20 24</div> <div>Driver Contributing Code 6 25 25</div> <div>Driver Distracted by 0 26 26</div> <div>Damaged Area Code: 0 27 27 27</div> <div>Test Status: 1 28</div> <div>Type of Test: 0 29</div> <div>BAC Test Result: 30</div> <div>Susp. Alcohol: 2 31 Susp. Drug: 2 32</div> <div>Towed from scene? 2 33</div>																																																															
						<div>6</div> <div>Please fill out for operator and all occupants involved</div> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>DOB/Age</th><th>Sex</th><th>34 Seat Pos.</th><th>35 Safety System</th><th>36 Airbag Status</th><th>37 Eject Code</th><th>38 Trap Code</th><th>39 Injury Status</th><th>40 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td></td><td></td><td>1</td><td>1</td><td>4</td><td>0</td><td>0</td><td>10</td><td>1</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						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	1	4	0	0	10	1																																									
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	1	4	0	0	10	1																																																																	
<div>7</div> <div>Please Select One of the Following:</div> <div><input type="checkbox"/> Vehicle 2 #Occupants</div> <div><input type="checkbox"/> Hit/Run</div> <div><input type="checkbox"/> Moped</div> <div><input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.</div>																																																																											
<div>8</div> <div>License # St DOB/Age</div> <div>Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement</div> <div>Operator</div> <div>Address</div> <div>City State Zip</div> <div>Insurance Company</div> <div>Vehicle Travel Direction: N S E W Responding to Emergency?</div> <div>Citation # (If Issued)</div> <div>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub</div> <div>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub</div>						<div>1</div> <div>Reg # Reg Type Reg State</div> <div>Veh Year Veh Make Veh Config. 21</div> <div>Owner</div> <div>Address</div> <div>City State Zip</div> <div>Vehicle Action Prior to Crash 22</div> <div>Event Sequence 23 23 23 23</div> <div>Most Harmful Event 24</div> <div>Driver Contributing Code 25 25</div> <div>Driver Distracted by 26 26</div> <div>Damaged Area Code: 27 27 27</div> <div>Test Status: 28</div> <div>Type of Test: 29</div> <div>BAC Test Result: 30</div> <div>Susp. Alcohol: 31 Susp. Drug: 32</div> <div>Towed from scene? 33</div>																																																																					
<div>9</div> <div>Please fill out for operator and all occupants involved</div> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>DOB/Age</th><th>Sex</th><th>34 Seat Pos.</th><th>35 Safety System</th><th>36 Airbag Status</th><th>37 Eject Code</th><th>38 Trap Code</th><th>39 Injury Status</th><th>40 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator/Occupants</td><td>See Above</td><td></td><td></td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						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			1																																																					
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			1																																																																							

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

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

Sherman Ave



### 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:

V1 was attempting to make a right turn from Sherman Ave on Waterman Rd. Due to V1 being a large tractor trailer unit, it did not have enough room to make a proper turn, and went onto the property of 2A Waterman Rd. V1 caused damage to the front walkway, as well as the lawn. V1 was able to return back to the roadway. See attached pictures of damage. Please note that Sherman Ave. and Waterman Rd. are narrow roadways, not suitable for tractor trailer units.

### Witnesses:

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

### Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
WASHBURN EVE L	2A WATERMAN RD AUBURN MA 01501-4422			WALKWAY PAVERS

### 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 Jason P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

06/14/2025

Date