

Date of Crash 04/12/2025 Time of Crash 0555 24HR City/Town Auburn

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0

Speed Limit 40 State Police Local Police MBTA Police Campus Police Other: [] [] [] [] []

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 810 WASHINGTON ST Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark

Please Select One of the Following: [X] Vehicle 12 #Occupants [] Hit/Run [] Moped Crash Report ID# 25-132-AC

License # F235720882630 St FL DOB/Age 07/23/1988 Reg # 3715675 Reg Type APN Reg State IN Sex M Lic. Class 19 19 Lic. Restrictions E 20 CDL Endorsement Operator FAUSTIN, RODENEY Owner RYDER TRUCK RENTAL INC Address 902 CUMBRAN LN 6000 WINDWARD PKWY City KISSIMMEE State FL Zip 34758 City ALPHARETTA State GA Zip 30005 Insurance Company GEICO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 Vehicle Travel Direction: N S E X Responding to Emergency? 2 Event Sequence 47 23 20 23 2 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Citation # (If Issued) 336959AD Most Harmful Event 47 24 Driver Contributing Code 7 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 1: Ch/Sec/Sub 90 17 Viol. 2: Ch/Sec/Sub Driver Distracted by 99 26 26 Towed from scene? 1 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Table with columns: 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: DEJARNE NOEL, 4563 S KIRMAN RD ORLANDO, FL 32811, 02/04/1988, M, 10, 0, 5, 0, 0, 10, 1.

Please Select One of the Following: [X] Vehicle 20 #Occupants [] Hit/Run [] Moped [] Vulnerable User Complete the Vulnerable User section.

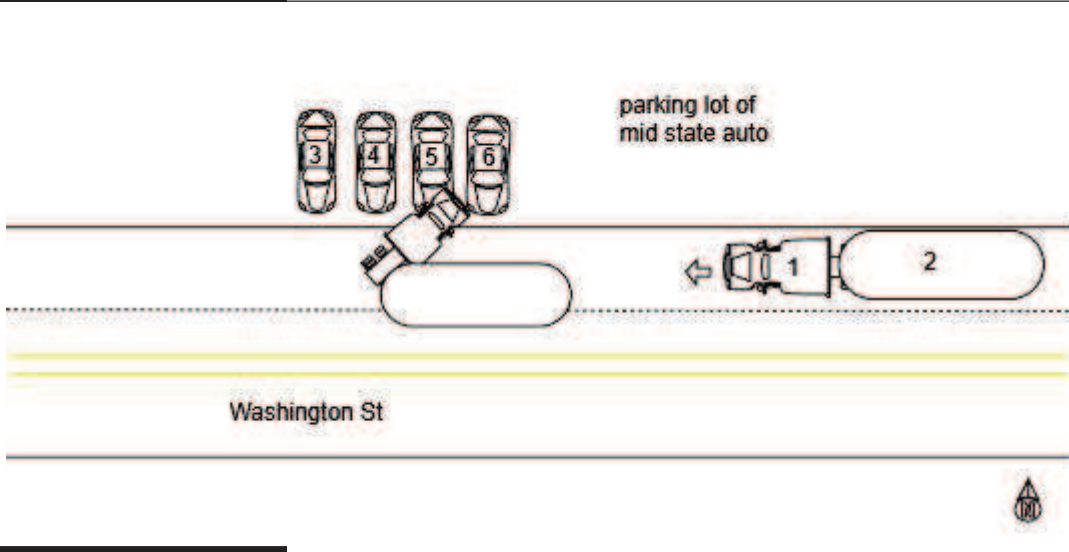
License # Reg # 4113184 Reg Type SMN Reg State ME Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Driverless M.V. Owner STAR LEASING CO Address 4080 BUSINESS PARK DR City COLUMBUS State OH Zip Insurance Company Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27 Vehicle Travel Direction: N S E X Responding to Emergency? 2 Event Sequence 47 23 20 23 2 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Citation # (If Issued) Most Harmful Event 47 24 Driver Contributing Code 7 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 99 26 26 Towed from scene? 1 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Table with columns: 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 → ○ → ○



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

↑ Arrow



Crash Narrative:

Vehicle 1 was towing Vehicle 2. V1 was traveling at a speed greater than reasonable for the conditions due to the snow. V1 jackknifed across Washington St and struck V3, V4, V5, V6 in the parking lot of the car dealership.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
				MOTOR VEHICLE VIN JA4ATWAA9S2008032
				MOTOR VEHICLE VIN 2T3G1RFV3RC445197

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 Matthew Rodwill

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

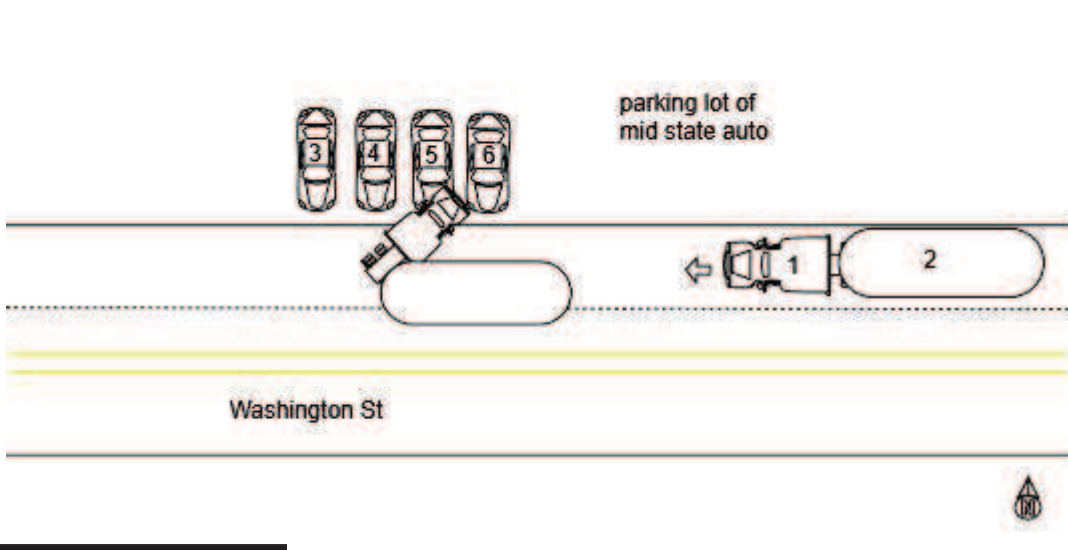
04/12/2025

Date

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				MOTOR VEHICLE VIN JA4J4WA84RZ078249

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]

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