

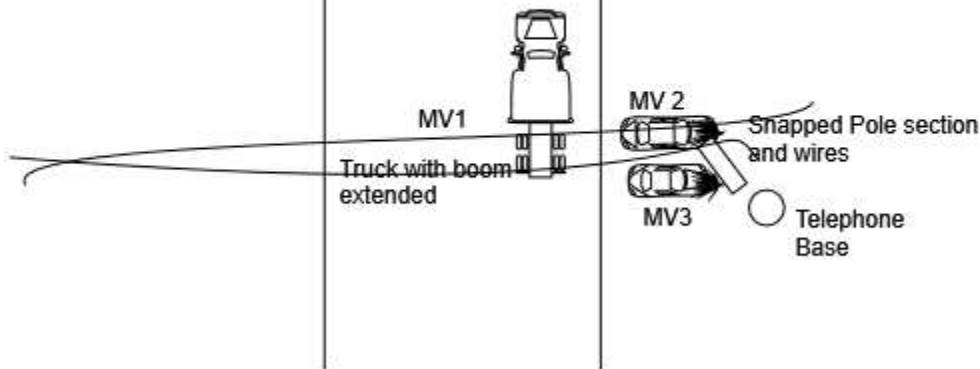
Police Use Only			Commonwealth of Massachusetts					RMV Document Number										
Date of Crash 02/18/2025		Time of Crash 0915 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 3		Number Injured 0		Speed Limit 25 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:										
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												
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# 25-73-AC										
License # S63209135 St MA DOB/Age 05/14/1959 Sex M Lic. Class 19 19 Lic. Restrictions 99 20 CDL H Endorsement Operator TOOMAJANIAN, JOHN Address 110 PINE ST City TEWKSBURY State MA Zip 01876-3731 Insurance Company ARBELLA PROTECTION 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 # X58498 Reg Type CO Reg State MA Veh Year 2022 Veh Make Truck Veh Config. 13 21 Owner SMASHACHUSETTS LLC Address 335 WASHINGTON ST APT 1029 City WOBURN State MA Zip 01801-2115 Vehicle Action Prior to Crash 1 22 Event Sequence 10 23 23 23 23 Most Harmful Event 10 24 Driver Contributing Code 97 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 0 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33												
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code Medical Facility												
Operator See Above						1 1 4 0 0 10 1 NONE												
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 20 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.										
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Operator Driverless M.V. Address City State Zip Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: N S E W 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 # 8WDD80 Reg Type PAN Reg State MA Veh Year 2018 Veh Make SUBARU Veh Config. 1 21 Owner OCONNOR, JEREMY P Address 12 SHADY LN City OXFORD State MA Zip 01540-1222 Vehicle Action Prior to Crash 11 22 Event Sequence 97 23 23 23 23 Most Harmful Event 24 Driver Contributing Code 25 25 Driver Distracted by 26 26 Damaged Area Code: 9 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33												
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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# 25-73-AC										
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Driverless M.V. Address City State Zip Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 4FRF96 Reg Type PC Reg State MA Veh Year 2019 Veh Make SUBARU Veh Config. 1 21 Owner MCLEOD, REECE EDMUND Address 203 BALDWIN ST City LEICESTER State MA Zip 01524-2202 Vehicle Action Prior to Crash 11 22 Event Sequence 10 23 23 23 23 Most Harmful Event 24 Driver Contributing Code 25 25 Driver Distracted by 26 26 Damaged Area Code: 1 27 3 27 9 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33												
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						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 Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip Vehicle Action Prior to Crash 22 Event Sequence 23 23 23 23 Most Harmful Event 24 Driver Contributing Code 25 25 Driver Distracted by 26 26 Damaged Area Code: 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33												
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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						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

I ... Arrow



### Crash Narrative:

MV1, with boom extended travelled East striking over head power and utility lines. Snagged power lines on the boom snapped a telephone pole. Snapped pole and wires landed on parked MV 2 and parked MV 3 causing significant damage to both MV's. Damage to two (2) buildings on C Street where the power and utility wires had been anchored to the buildings. As of the writing of this report I do not have the name of the insurance company for the two (2) buildings that are owned by the same person.

No citation issued. Operator of MV 1 reported he forgot to put the boom down.

### 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

02/18/2025

Date