Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
08/07/2026	2045 (24HR)	Auburn	1	0	10			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

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

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street: 446 | SOUTHBRIDGE ST

_____ Feet [N S E W] of — — — • — — Mile Marker or _____ 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: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped

Crash Report ID# 26-303-AC

License # [redacted] St [redacted] DOB/Age [redacted]

Sex M | Lic. Class A | Lic. Restrictions | CDL Endorsement

Operator WRIGHT-RODRIGUEZ, DAMIEN CALVIN (Last, First, Middle)

Address 1255 N SUNNYSLOPE DR APT 102

City MOUNT PLEASANT | State WI | Zip 53406-3485

Insurance Company HASSANI

Vehicle Travel Direction: [X] 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 # UJ6188 | Reg Type PAN | Reg State WI

Veh Year 2017 | Veh Make CHEVROLET | Veh Config. 8

Owner WRIGHT-RODRIGUEZ, DAMIEN CALVIN (Last, First, Middle)

Address 1255 N SUNNYSLOPE DR APT 102

City MOUNT PLEASANT | State WI | Zip 53406-3485

Vehicle Action Prior to Crash: 1

Event Sequence: 35

Most Harmful Event: 35

Driver Contributing Code: 3

Driver Distracted by: 99

Damaged Area Code: 97

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: | Susp. Drug:

Towed from scene? 3

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	[redacted]	[redacted]	1	1	4	0	0	10	1	

Please Select One of the Following: ☐ Vehicle 2 — #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class | Lic. Restrictions | CDL Endorsement

Operator _____ (Last, First, Middle)

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.

Owner _____ (Last, First, Middle)

Address _____

City _____ State _____ Zip _____

Vehicle Action Prior to Crash:

Event Sequence:

Most Harmful Event:

Driver Contributing Code:

Driver Distracted by:

Damaged Area Code:

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: | Susp. Drug:

Towed from scene?

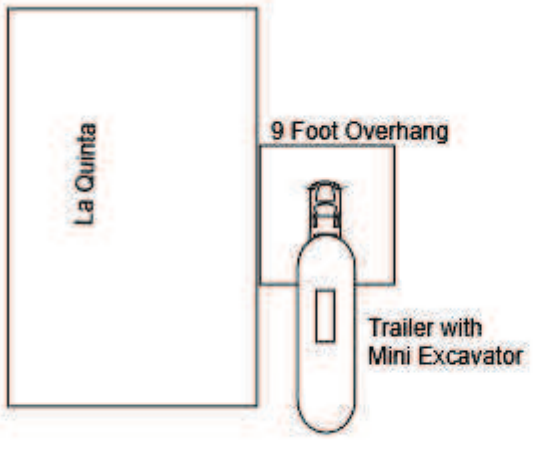
Please fill out for operator and all occupants involved

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/Occupants	See Above	[redacted]	[redacted]	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[illegible] Arrow

Crash Narrative:

The operator of Vehicle 1 was towing a trailer which was bearing TN Trailer Plate 676286T. On the trailer was a mini excavator. The operator of the truck began to drive towards the main entrance of the La Quinta Hotel. There is a nine foot overhang in front of the hotel that was clearly marked. The operator contiuned to drive under the overhang and the mini excavator that was on the trailer struck the overhang causing damage to the both.

I noticed that the truck was not displaying proper DOT information and it appeared to have been removed from the doors of the truck. The operator was not cooperative when asked about the DOT information and as such I requested assistance from the Massachusetts State Police Commercial Vehicle Enforcement Unit. Trooper Peter Levesque responded and completed an inspection and issued subsequent citations.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
LA QUINTA HOTEL	446 SOUTHBRIDGE ST AUBURN MA 01501		97	BUILDING

Truck and Bus Information:

Registration # UJ6188 (From Vehicle Section)

Carrier Name IZA TRANSPORT Bus Use 42

Address 5116 17TH AVE City KENOSHA St WI Zip 53140

US DOT #: 4486333 State Number _____ Issuing State _____ MC/MX/ICC #: 177274

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: 676286T Reg Type TRN Reg State TN Reg Year 2024 Trailer Length 46: 1

Hazmat Information:

Placard 47: 3 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Lieutenant Michael Tarckini		85MT	Auburn Police Department		08/07/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date