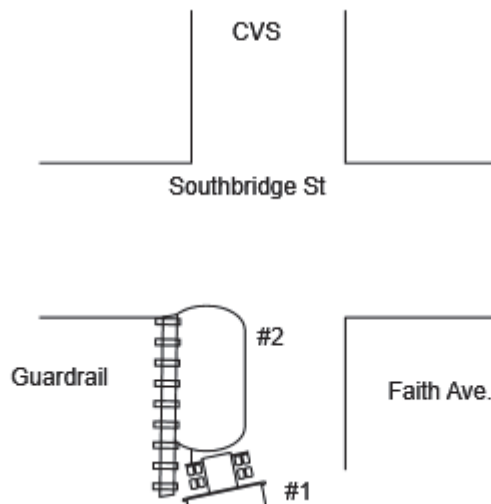


Police Use Only			Commonwealth of Massachusetts										RMV Document Number												
Date of Crash 07/11/2025		Time of Crash 1204 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police <input type="checkbox"/>		Local Police <input checked="" type="checkbox"/>		MBTA Police <input type="checkbox"/>		Campus Police <input type="checkbox"/>		Other: <input type="checkbox"/>			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																	
Route# Direction FAITH AVE Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																			
At						Feet N S E W of . or Exit Number																			
Route# Direction SOUTHBRIDGE ST 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 Landmark																			
Route# Direction Name of Intersecting Roadway/Street																									
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# 25-227-AC																	
License # B340998000160 St FL DOB/Age 01/16/2000						Reg # PWV8803 Reg Type APN Reg State OH																			
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2023 Veh Make PeterBuilt Veh Config. 8																			
Operator BOTELHO, ZACHARY THOMAS Last First Middle						Owner K AND R TRANSPORT II LLC Last First Middle																			
Address 1410 SE 1ST ST						Address 2101 LINSON RD																			
City POMPAÑO BEACH State FL Zip 33060						City LONDON State OH Zip 43140																			
Insurance Company BRANDS INSURANCE AGENCY						Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 27 27																			
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 24 23 23 23 23 Test Status: 1 28																			
Citation # (If Issued)						Most Harmful Event 24 24 Type of Test: 0 29																			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 1 30																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 9 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32																			
Driver Distracted by 0 26 26						Towed from scene? 2 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				X		X		1		1		4		0		0		10		1			
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						Reg # TOZ4360 Reg Type TRN Reg State OH																			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2015 Veh Make Utility Trailer Veh Config. 8																			
Operator Driverless M.V. Last First Middle						Owner K AND R TRANSPORT II LLC Last First Middle																			
Address						Address 2101 LINSON RD																			
City State Zip						City LONDON State OH Zip 43140																			
Insurance Company BRANDS INSURANCE CO						Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 27 27																			
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 24 23 23 23 23 Test Status: 1 28																			
Citation # (If Issued)						Most Harmful Event 24 24 Type of Test: 0 29																			
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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				X		X		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

Indicate Direction of Travel with Arrow



Crash Narrative:

Vehicle #1 was a tractor trailer. Vehicle #1 took a left onto Faith Ave. Operator reported he had to take a wide turn to avoid hitting a vehicle on Faith Ave. The trailer struck the guardrail. There was damage to the right side of the trailer and the guardrail.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MASS DOT / TOWN OF AUBURN	FAITH AVE AUBURN MA 01501		3	GUARDRAIL

Truck and Bus Information:

Registration # **PWV8803** (From Vehicle Section)

Carrier Name **K and R transport** Bus Use **42**
Address **2101 LINSON** City **LONDON** St **OH** Zip **43140**
US DOT #: **00144493** State Number _____ Issuing State **OH** MC/MX/ICC #: _____
Interstate **0** ⁴³ Cargo Body Type Code **5** ⁴⁴ GVWR/GCWR **3** ⁴⁵
Trailer Reg #: **TQZ4360** Reg Type **APN** Reg State **OH** Reg Year **2025** Trailer Length **4** ⁴⁶

Hazmat Information:

Placard **2** ⁴⁷ Material 1 digit # **1** ⁴⁸ Material Name _____ Material 4 digit # _____ Release code **49**

Sergeant Gregg T Wildman

Police Officer Name (Please Print)

Signature

70GW

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/11/2025

Date