

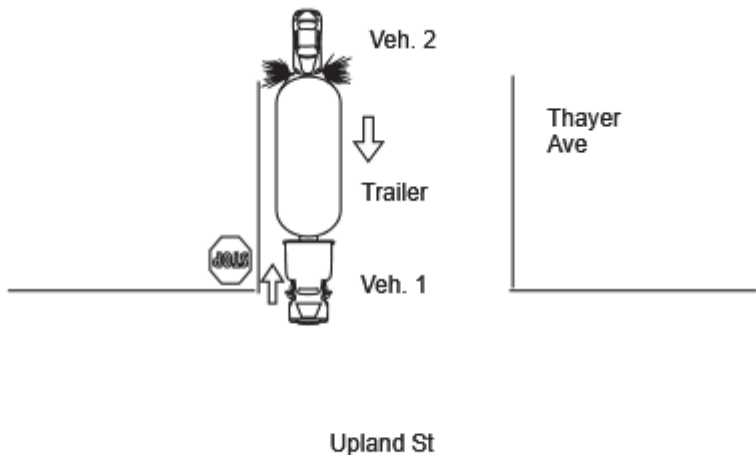
| Police Use Only | | | Commonwealth of Massachusetts | | | | | RMV Document Number | | | | | | |
|--|--|---|-------------------------------|----------------------------------|--|--|--|--|-------------------------|--|----------------|--|--|--|
| Date of Crash 10/18/2024 | | Time of Crash 0758 24HR | | City/Town Auburn | | Motor Vehicle Crash Police Report | | | Number Vehicles 3 | Number Injured 0 | Speed Limit 30 | | State Police Local Police MBTA Police Campus Police Other: | |
| AT INTERSECTION: | | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | | | |
| <div>1</div> <div>1</div> <div>2</div> <div>1</div> <div>3</div> | | | | | | <div>2</div> <div>10</div> <div>2</div> <div>11</div> <div>1</div> <div>12</div> <div>1</div> <div>13</div> <div>1</div> <div>14</div> | | | | | | | | |
| | | | | | | Route# Direction Name of Roadway/Street | | | | Route# Direction Address # Name of Roadway/Street | | | | |
| | | | | | | At | | | | Feet N S E W of . or Mile Marker Exit Number | | | | |
| | | | | | | Route# Direction 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 Route# Intersecting Roadway/Street | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | | | 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# 24-367-AC | | | | | | |
| License # G64590190004882 St NJ DOB/Age 04/11/1988 | | | | | | Reg # 3EZ183 Reg Type APN Reg State OK | | | | | | | | |
| Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement | | | | | | Veh Year 2021 Veh Make FREIGHTLINER Veh Config. 8 | | | | | | | | |
| Operator GONZALEZ, ALEXANDER | | | | | | Owner USXPRESS LEASING INC | | | | | | | | |
| Address 409 HENRY ST | | | | | | Address 1535 NEW HOPE CHURCH RD | | | | | | | | |
| City CAMDEN State NJ Zip 08103-3408 | | | | | | City TUNNEL HILL State GA Zip 30755 | | | | | | | | |
| Insurance Company | | | | | | Vehicle Action Prior to Crash 10 22 | | | | | | | | |
| Vehicle Travel Direction: N X E W Responding to Emergency? 2 | | | | | | Event Sequence 1 23 23 23 23 | | | | | | | | |
| Citation # (If Issued) | | | | | | Most Harmful Event 1 24 | | | | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | Driver Contributing Code 18 25 25 | | | | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Driver Distracted by 99 26 26 | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | Please fill out for operator and all occupants involved | | | | | | | | |
| Name (Last First Middle) Address DOB/Age Sex | | | | | | Name (Last First Middle) Address DOB/Age Sex | | | | | | | | |
| Operator See Above | | | | | | Operator See Above | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 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 # 224834T Reg Type SMN Reg State TN | | | | | | | | |
| Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement | | | | | | Veh Year 2022 Veh Make Utility Trailer Veh Config. 10 | | | | | | | | |
| Operator Driverless M.V. | | | | | | Owner USXPRESS LEASING INC | | | | | | | | |
| Address | | | | | | Address | | | | | | | | |
| City State Zip | | | | | | City State Zip | | | | | | | | |
| Insurance Company | | | | | | Vehicle Action Prior to Crash 22 | | | | | | | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? | | | | | | Event Sequence 23 23 23 23 | | | | | | | | |
| Citation # (If Issued) | | | | | | Most Harmful Event 24 | | | | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | Driver Contributing Code 25 25 | | | | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Driver Distracted by 26 26 | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | Please fill out for operator and all occupants involved | | | | | | | | |
| Name (Last First Middle) Address DOB/Age Sex | | | | | | Name (Last First Middle) Address DOB/Age Sex | | | | | | | | |
| Operator/Occupants See Above | | | | | | Operator/Occupants See Above | | | | | | | | |
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| Police Use Only | | | Commonwealth of Massachusetts | | | | | RMV Document Number | | | | | | | | | | | | | | | |
|--|--|---|-------------------------------|----------------------------------|--|--|--|--|-------------------------|--|----------------|------------------|--|---------------|--|--------------|--|------------------|--|-----------------|--|------------------|--|
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| AT INTERSECTION: | | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | | | | | | | | | | | | |
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| | | | | | | Route# Direction Name of Roadway/Street | | | | Route# Direction Address # Name of Roadway/Street | | | | | | | | | | | | | |
| | | | | | | At | | | | Feet N S E W of . or Exit Number | | | | | | | | | | | | | |
| | | | | | | Route# Direction Name of Intersecting Roadway/Street | | | | Feet N S E W of Route# Intersecting Roadway/Street | | | | | | | | | | | | | |
| Also at Intersection with | | | | | | Landmark | | | | | | | | | | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | | | | | | | | | | | | | | | | | | | | |
| Please Select One of the Following: | | <input checked="" type="checkbox"/> Vehicle 31 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Crash Report ID# 24-367-AC | | | | | | | | | | | | | | | |
| License # S14476555 St MA DOB/Age 01/01/1972 | | | | | | Reg # 5CPX94 Reg Type PC Reg State MA | | | | | | | | | | | | | | | | | |
| Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement | | | | | | Veh Year 2019 Veh Make HYUNDAI Veh Config. 1 21 | | | | | | | | | | | | | | | | | |
| Operator DJIMASSAL, JOSEPH | | | | | | Owner DJIMASSAL, JOSEPH | | | | | | | | | | | | | | | | | |
| Address 11 LAUREL ST APT 24 | | | | | | Address 11 LAUREL ST APT 24 | | | | | | | | | | | | | | | | | |
| City WORCESTER State MA Zip 01608-1057 | | | | | | City WORCESTER State MA Zip 01608-1057 | | | | | | | | | | | | | | | | | |
| Insurance Company PROGRESSIVE DIRECT INSURA | | | | | | Vehicle Action Prior to Crash 2 22 | | | | | | | | | | | | | | | | | |
| Vehicle Travel Direction: N X E W Responding to Emergency? 2 | | | | | | Event Sequence 1 23 23 23 23 | | | | | | | | | | | | | | | | | |
| Citation # (If Issued) | | | | | | Most Harmful Event 1 24 | | | | | | | | | | | | | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | Driver Contributing Code 99 25 25 | | | | | | | | | | | | | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Driver Distracted by 99 26 26 | | | | | | | | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | Towed from scene? 2 33 | | | | | | | | | | | | | | | | | |
| 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 | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | Reg # Reg Type Reg State | | | | | | | | | | | | | | | | | |
| Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement | | | | | | Veh Year Veh Make Veh Config. 21 | | | | | | | | | | | | | | | | | |
| Operator | | | | | | Owner | | | | | | | | | | | | | | | | | |
| Address | | | | | | Address | | | | | | | | | | | | | | | | | |
| City State Zip | | | | | | City State Zip | | | | | | | | | | | | | | | | | |
| Insurance Company | | | | | | Vehicle Action Prior to Crash 22 | | | | | | | | | | | | | | | | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? | | | | | | Event Sequence 23 23 23 23 | | | | | | | | | | | | | | | | | |
| Citation # (If Issued) | | | | | | Most Harmful Event 24 | | | | | | | | | | | | | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | Driver Contributing Code 25 25 | | | | | | | | | | | | | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Driver Distracted by 26 26 | | | | | | | | | | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | Towed from scene? 33 | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
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→ = 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 one was traveling south on Thayer Ave (public way). Vehicle two was also traveling south on Thayer Ave. Vehicle one was attempting to turn left onto Upland St from Thayer Ave, vehicle one needed more room to make the turn. Vehicle one was slowing backing up on Thayer Ave, at that time vehicle one backed into vehicle two.

No reported injuries. Neither vehicle required to be towed away.

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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

10/18/2024

Date