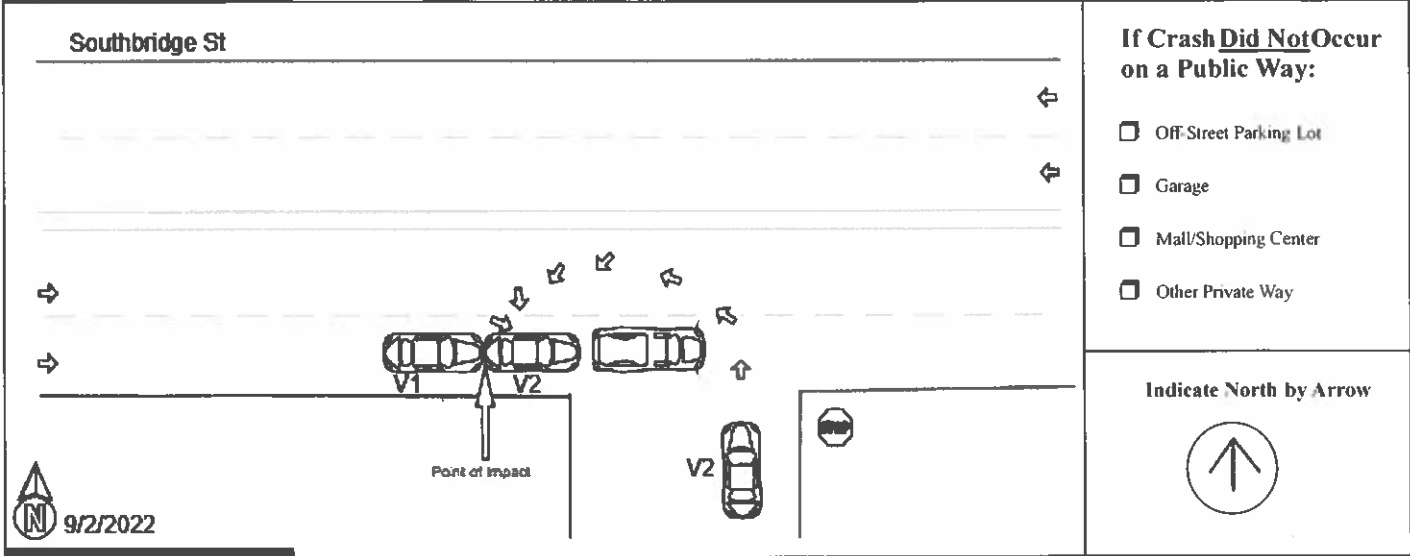


Police Use Only			Commonwealth of Massachusetts				RMV Document Number															
Date of Crash 09/02/2022	Time of Crash 0914 24HR	City/Town Auburn	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>40</u>	Latitude _____	Longitude _____	State Police Local Police MBTA Police Campus Police Other _____	0000									
AT INTERSECTION:			LOCATION				NOT AT INTERSECTION:															
1	Route# _____ Direction _____		SOUTHBRIDGE ST				Route# _____ Direction _____		Address # _____ Name of Roadway/Street _____													
	At _____		Feet <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> of _____		or _____		Mile Marker _____		Exit Number _____													
	Route# _____ Direction _____		WATERMAN RD				Feet <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> of _____		Route# _____ Intersecting Roadway/Street _____													
Also at Intersection with _____		Feet <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> of _____		Route# _____		Intersecting Roadway/Street _____																
2	Route# _____ Direction _____		Name of Intersecting Roadway/Street _____				Landmark _____															
	Route# _____ Direction _____		Name of Intersecting Roadway/Street _____				Landmark _____															
3	Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 22-283-AC																	
	License # <u>S93562721</u> St <u>MA</u> DOB/Age <u>09/07/1959</u>	Reg # <u>NE7013</u> Reg Type <u>PC</u> Reg State <u>MA</u>	Sex <u>M</u> Lic. Class <u>D</u> <input type="text"/> <input type="text"/> Lic. Restrictions <input type="text"/> <input type="text"/> CDL Endorsement _____	Veh Year <u>2018</u> Veh Make <u>BUICKS</u> Veh Config <input type="text"/> <input type="text"/>	Operator <u>PINGITORE, DOMINIC JOSEPH JR</u>	Owner <u>PINGITORE, DOMINIC JOSEPH JR</u>	Address <u>14 ELM ST</u>	Address <u>14 ELM ST</u>	City <u>AUBURN</u> State <u>MA</u> Zip <u>01501-2716</u>	City <u>AUBURN</u> State <u>MA</u> Zip <u>01501-2716</u>	Insurance Company <u>ARBELLA MUTUAL INSURANCE</u>	Vehicle Action Prior to Crash <input type="text"/> <input type="text"/>	Damaged Area Code: <input type="text"/> <input type="text"/> <input type="text"/>									
5	Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Type of Test <input type="text"/> <input type="text"/>	Citation # (If Issued) _____	Most Harmful Event <input type="text"/> <input type="text"/>	BAC Test Result <input type="text"/> <input type="text"/>	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <input type="text"/> <input type="text"/>	Susp. Alcohol <input type="text"/> <input type="text"/> Susp. Drug <input type="text"/> <input type="text"/>	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <input type="text"/> <input type="text"/>	Towed from scene? <input type="text"/> <input type="text"/>										
	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									
6	Operator	See Above	DOB/Age	Sex	1	1	4	0	0	10	1											
7	Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <input type="text"/> <input type="text"/>	Action <input type="text"/> <input type="text"/>	Location <input type="text"/> <input type="text"/>	Condition <input type="text"/> <input type="text"/>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	License # <u>S88253706</u> St <u>MA</u> DOB/Age <u>01/02/1972</u>	Reg # <u>8520</u> Reg Type <u>PC</u> Reg State <u>MA</u>	Sex <u>M</u> Lic. Class <u>D</u> <input type="text"/> <input type="text"/> Lic. Restrictions <input type="text"/> <input type="text"/> CDL Endorsement _____	Veh Year <u>1969</u> Veh Make <u>CHEVROLET</u> Veh Config <input type="text"/> <input type="text"/>									
	Operator <u>PIGNATARO, JOHN C</u>	Owner <u>PIGNATARO, JOHN C</u>	Address <u>5 KELLY ST</u>	Address <u>5 KELLY ST</u>	City <u>AUBURN</u> State <u>MA</u> Zip <u>01501-3302</u>	City <u>AUBURN</u> State <u>MA</u> Zip <u>01501-3302</u>	Insurance Company <u>ESSENTIA INSURANCE COMPAN</u>	Vehicle Action Prior to Crash <input type="text"/> <input type="text"/>	Damaged Area Code: <input type="text"/> <input type="text"/> <input type="text"/>	Event Sequence <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Test Status: <input type="text"/> <input type="text"/>	Type of Test: <input type="text"/> <input type="text"/>	BAC Test Result: <input type="text"/> <input type="text"/>	Susp. Alcohol: <input type="text"/> <input type="text"/> Susp. Drug: <input type="text"/> <input type="text"/>								
9	Citation # (If Issued) _____	Most Harmful Event <input type="text"/> <input type="text"/>	BAC Test Result <input type="text"/> <input type="text"/>	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <input type="text"/> <input type="text"/>	Susp. Alcohol: <input type="text"/> <input type="text"/> Susp. Drug: <input type="text"/> <input type="text"/>	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <input type="text"/> <input type="text"/>	Towed from scene? <input type="text"/> <input type="text"/>	Please fill out for operator/non-motorist 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/Non-Motorist	See Above	DOB/Age	Sex	1	1	4	0	0	10	1											

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

V1 was traveling southbound on Southbridge St. behind an uninvolved truck. V2 was turning left to head northbound on Southbridge St. V2's operator stated the uninvolved truck had a right turn directional on and thought he was turning onto Waterman Rd so he decided to move. When the operator of V2 realized he wasn't turning, he hit the accelerator hard, causing his vehicle to accelerate quickly and the rear tires break traction with the roadway. V2 subsequently spun around 180 degrees and was rear ended by V1. V1's operator confirmed this sequence of events.

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 Christopher S Raymond 77CR Auburn Police Department 09/02/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date