

| Police Use Only | | | Commonwealth of Massachusetts | | | | | RMV Document Number | | | | | | |
|---|--|---|-------------------------------|----------------------------------|--|---|--|--|-------------------------|------------------------|---|--|--|--|
| Date of Crash 09/06/2025 | | Time of Crash 1126 24HR | | City/Town Auburn | | Motor Vehicle Crash Police Report | | | Number Vehicles 2 | Number Injured 0 | Speed Limit 35 Latitude Longitude | | State Police Local Police MBTA Police Campus Police Other: | |
| AT INTERSECTION: | | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | | | |
| <div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> | | | | | | <div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>480 OXFORD STREET NO</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div> | | | | | | | | |
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| 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# 25-291-AC | | | | | | |
| License # NHL14629338 St NH DOB/Age 03/20/1996 | | | | | | Reg # 5429043 Reg Type PAN Reg State NH | | | | | | | | |
| Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement | | | | | | Veh Year 2024 Veh Make FORD Veh Config. 1 21 | | | | | | | | |
| Operator ZIERNICKI, CAILIN SAIGE | | | | | | Owner ZIERNICKI, CAILIN SAIGE | | | | | | | | |
| Address 153 TOWNHOUSE RD | | | | | | Address 153 TOWNHOUSE RD | | | | | | | | |
| City MANCHESTER State NH Zip 03103 | | | | | | City MANCHESTER State NH Zip 03103 | | | | | | | | |
| Insurance Company | | | | | | Vehicle Action Prior to Crash 4 22 Damaged Area Code: 7 27 27 27 | | | | | | | | |
| Vehicle Travel Direction: N X E W Responding to Emergency? 2 | | | | | | Event Sequence 1 23 23 23 23 Test Status: 28 | | | | | | | | |
| Citation # (If Issued) | | | | | | Most Harmful Event 1 24 Type of Test: 29 | | | | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | Driver Contributing Code 1 25 25 BAC Test Result: 30 | | | | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 32 | | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | Towed from scene? 1 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 | | | | | | 1 1 3 0 0 10 1 | | | | | | | | |
| | | | | | | | | | | | | | | |
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| Please Select One of the Following: | | <input checked="" type="checkbox"/> Vehicle 21 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. | | | | | | |
| License # S13729020 St MA DOB/Age 02/13/1986 | | | | | | Reg # JAMNRN Reg Type PAV Reg State MA | | | | | | | | |
| Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement | | | | | | Veh Year 2018 Veh Make VOLKSWAGEN Veh Config. 1 21 | | | | | | | | |
| Operator MEAD, JULIE ANN | | | | | | Owner MEAD, JULIE ANN | | | | | | | | |
| Address 5 HINMAN ST APT 2 | | | | | | Address 5 HINMAN ST APT 2 | | | | | | | | |
| City FISKDALE State MA Zip 01518-1288 | | | | | | City FISKDALE State MA Zip 01518-1288 | | | | | | | | |
| Insurance Company QUINCY MUTUAL FIRE INSURA | | | | | | Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 | | | | | | | | |
| Vehicle Travel Direction: X S E W Responding to Emergency? 2 | | | | | | Event Sequence 1 23 23 23 23 Test Status: 28 | | | | | | | | |
| Citation # (If Issued) | | | | | | Most Harmful Event 1 24 Type of Test: 29 | | | | | | | | |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub | | | | | | Driver Contributing Code 1 25 25 BAC Test Result: 30 | | | | | | | | |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub | | | | | | Driver Distracted by 0 26 26 Susp. Alcohol: 31 Susp. Drug: 32 | | | | | | | | |
| 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/Occupants See Above | | | | | | 1 1 4 0 0 10 1 | | | | | | | | |
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→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Oxford ST N

I-290 Off Ramp

MV1

MV2

Point of Impact

STOP

N

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Intersection Arrow

↑

Crash Narrative:

MV1 was travelling westbound on the I-290 when it took the off ramp onto Oxford St N at the stop sign. MV2 was traveling straight ahead on Oxford St N (public way). MV1 entered onto traffic onto Oxford St N. At that moment MV2 was traveling north and collided with MV1. No injuries to report. MV1 was towed on scene by Dorenzo's.

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 Alexander Ortiz-Torres

Police Officer Name (Please Print)

Signature

97AO

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/06/2025

Date