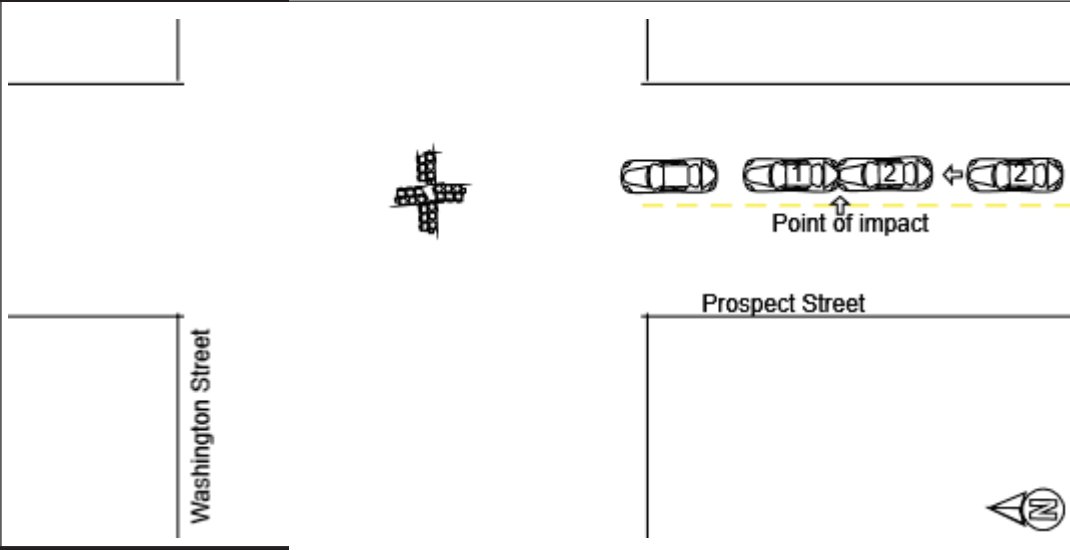


Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 12/18/2025		Time of Crash 1520 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>							
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
WASHINGTON ST																							
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																	
PROSPECT ST																							
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# 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# 25-450-AC															
License # S80819533 St MA DOB/Age 02/02/1947						Reg # 4HV552 Reg Type PAN Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2010 Veh Make HONDA Veh Config. 1 21																	
Operator RUGG, ALAN P						Owner RUGG, ALAN P																	
Address 17 LEXINGTON AVE						Address 17 LEXINGTON AVE																	
City LEICESTER State MA Zip 01524-1207						City LEICESTER State MA Zip 01524-1207																	
Insurance Company GEICO GENERAL INSURANCE C						Vehicle Action Prior to Crash 2 22																	
Vehicle Travel Direction: X S 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 1 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26																	
Please fill out for operator and all occupants involved						Damaged Area Code: 5 27 27 27																	
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						Test Status: 1 28																	
Operator See Above						Type of Test: 29																	
						BAC Test Result: 30																	
						Susp. Alcohol: 2 31 Susp. Drug: 2 32																	
						Towed from scene? 2 33																	
Please Select One of the Following:						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 # S14192053 St MA DOB/Age 12/27/1949						Reg # 354XDX Reg Type PAN Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2019 Veh Make HONDA Veh Config. 1 21																	
Operator ZALESKI, JEANNE RACHEL						Owner ZALESKI, JEANNE RACHEL																	
Address 1 THEMELI CT						Address 1 THEMELI CT																	
City N OXFORD State MA Zip 01537-1026						City N OXFORD State MA Zip 01537-1026																	
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 1 22																	
Vehicle Travel Direction: X S 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 19 25 13 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						Damaged Area Code: 1 27 27 27																	
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						Test Status: 1 28																	
Operator/Occupants See Above						Type of Test: 29																	
						BAC Test Result: 30																	
						Susp. Alcohol: 2 31 Susp. Drug: 2 32																	
						Towed from scene? 2 33																	

➔ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian 🚲 = Bicycle

Crash Diagram:

ie: ➔ 1 ➔ 2 ➔ ○ ➔ 🚲

	If Crash <u>Did Not</u> Occur on a Public Way:
	<div><input type="checkbox"/> Off-Street Parking Lot</div> <div><input type="checkbox"/> Garage</div> <div><input type="checkbox"/> Mall/Shopping Center</div> <div><input type="checkbox"/> Other Private Way</div>

Crash Narrative:

V#1 WAS STOPPED IN TRAFFIC ABOUT TO TURN ONTO WASHINGTON STREET (PUBLIC WAY) FROM PROSPECT STREET (PUBLIC WAY). V#2 WAS TRAVELING BEHIND V#1 AND RAN INTO THE BACK OF V#1. THE OPERATOR OF V#1 STATED THAT THE SUN WAS IN THEIR EYES AND DIDNT SEE HOW CLOSE THEY WERE TO V#1. NO VEHICLES WERE TOWED FROM THE SCENE AND NO INJURIES WERE REPORTED.

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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/18/2025

Date