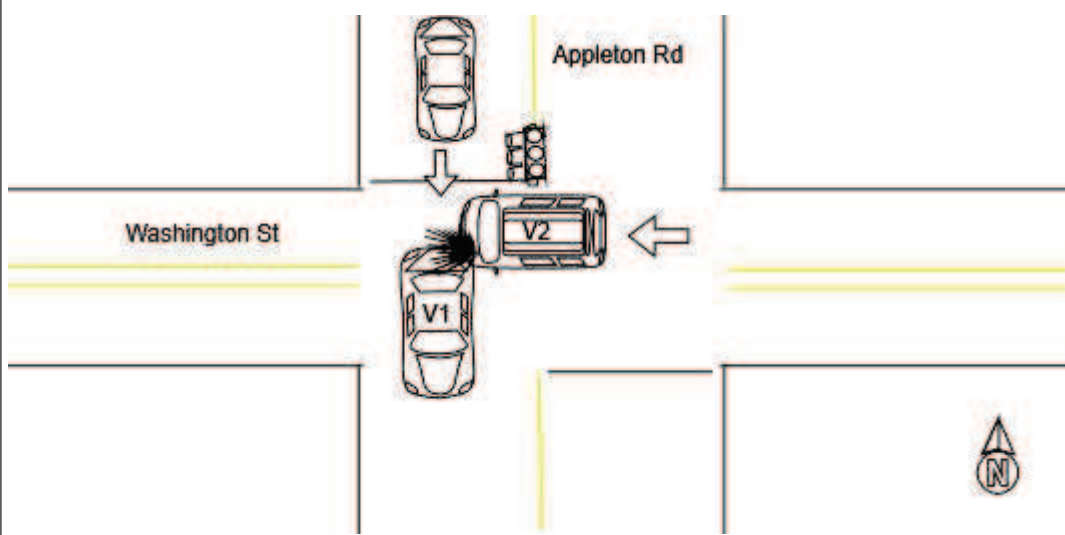


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 01/28/2026		Time of Crash 1222 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 0		Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
APPLETON RD																	
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At																	
WASHINGTON ST																	
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of or Mile Marker Exit Number											
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street											
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of 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# 26-45-AC									
License # S09581657 St MA DOB/Age 03/02/1978						Reg # 3ZZP91 Reg Type PC Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2021 Veh Make LEXUS Veh Config. 1 21											
Operator ROSSETTIE, MICHAEL P						Owner ROSSETTIE, MICHAEL P											
Address 42 FEDERAL HILL RD						Address 42 FEDERAL HILL RD											
City AUBURN State MA Zip 01501-3357						City AUBURN State MA Zip 01501-3357											
Insurance Company ARBELLA MUTUAL INSURANCE						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 4 27 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 28					
Citation # (If Issued)						Most Harmful Event 1 24						Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved						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						NOT TRANSPORTED					
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 # SA5471787 St MA DOB/Age 10/22/1993						Reg # WRTA937 Reg Type ATN Reg State MA											
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2022 Veh Make FORD Veh Config. 5 21											
Operator ABDULRAZAO, MOHANAD K						Owner WORCESTER REGIONAL TRANSIT AUTHORITY											
Address 5 CLAREMONT ST APT B1						Address 60 FOSTER ST											
City WORCESTER State MA Zip 01610-1401						City WORCESTER State MA Zip 01608-1305											
Insurance Company THE TRAVELERS INDEMNITY C						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 8 27 27 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 28					
Citation # (If Issued)						Most Harmful Event 1 24						Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 99 25 25						BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved						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						NOT TRANSPORTED					

→ = 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

Intersection Arrow



### Crash Narrative:

Vehicle 1 traveled down appleton road through the traffic signals and entered washington st. Vehicle 2 was traveling on washington through the traffic signals and into the intersection when the two vehicles collided. Operator of vehicle 1 claimed that vehicle 2 operator failed to stop at traffic signal. Operator of vehicle 2 claimed that operator of vehicle 1 failed to stop at there traffic signal causing the collision.

After obtaining video footage from WRTA employee Kerry Tetreault and placing it onto a memory stick, APD computers were unable to play to footage. Kerry did explain her driver ran through the redlight causing the accident.

### 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 Patrick Montague

Police Officer Name (Please Print)

Signature

99PM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/28/2026

Date