

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **01/28/2026** Time of Crash **1222** 24HR City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit **40**

State Police  Local Police  MBTA Police  Campus Police  Other: \_\_\_\_\_

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

**APPLETON RD**

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

At \_\_\_\_\_

**WASHINGTON ST**

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Also at Intersection with \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Please Select One of the Following:

Vehicle

**1**

#Occupants \_\_\_\_\_

Hit/Run

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 \_\_\_\_\_Operator **ROSSETTIE, MICHAEL P**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address **42 FEDERAL HILL RD**City **AUBURN** State **MA** Zip **01501-3357**City **AUBURN**State **MA**Zip **01501-3357**Insurance Company **ARABELLA MUTUAL INSURANCE**

Vehicle Action Prior to Crash

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**

Citation # (If Issued) \_\_\_\_\_

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

**1** 22Damaged Area Code: **4** 27 27 27Event Sequence **1** 23 23 23 23Test Status: **1** 28Most Harmful Event **1** 24Type of Test: **0** 29Driver Contributing Code **1** 25 25BAC Test Result: **1** 30Driver Distracted by **0** 26 26Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Towed from scene? **1** 33

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

**Operator**

See Above

X

X

**1**

99

2

0

0

10

0

0

NOT TRANSPORTED

Please Select One of the Following:

Vehicle

**2**

#Occupants \_\_\_\_\_

Hit/Run

Moped

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 \_\_\_\_\_Operator **ABDULRAZAQ, MOHANAD K**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address **5 CLAREMONT ST APT B1**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

Vehicle Travel Direction: **X S E W** Responding to Emergency? **2**

Citation # (If Issued) \_\_\_\_\_

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

**1** 22Damaged Area Code: **8** 27 27 27Event Sequence **1** 23 23 23 23Test Status: **1** 28Most Harmful Event **1** 24Type of Test: **0** 29Driver Contributing Code **99** 25 25BAC Test Result: **1** 30Driver Distracted by **99** 26 26Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Towed from scene? **2** 33

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

**Operator/Occupants**

See Above

X

X

**1**

99

4

0

0

10

1

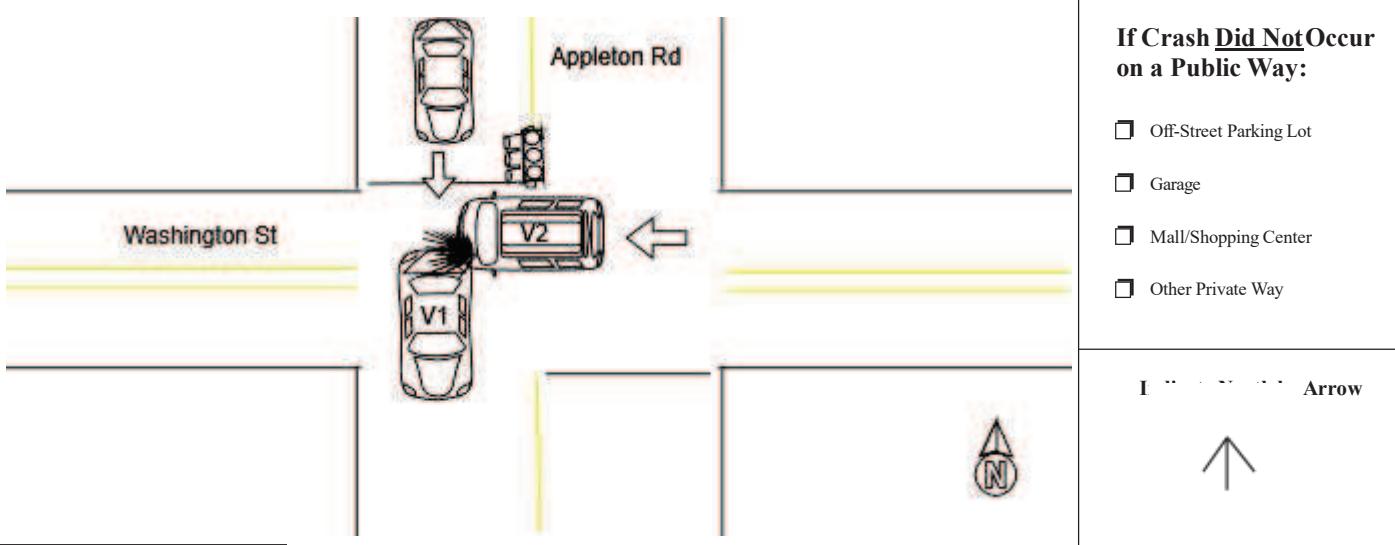
0

NOT TRANSPORTED

→ = Direction      1 = Vehicle 1      2 = Vehicle 2      ♂ = Pedestrian      ⚒ = Bicycle

### Crash Diagram:

ie: → 1 → 2 → ⚒



### 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