

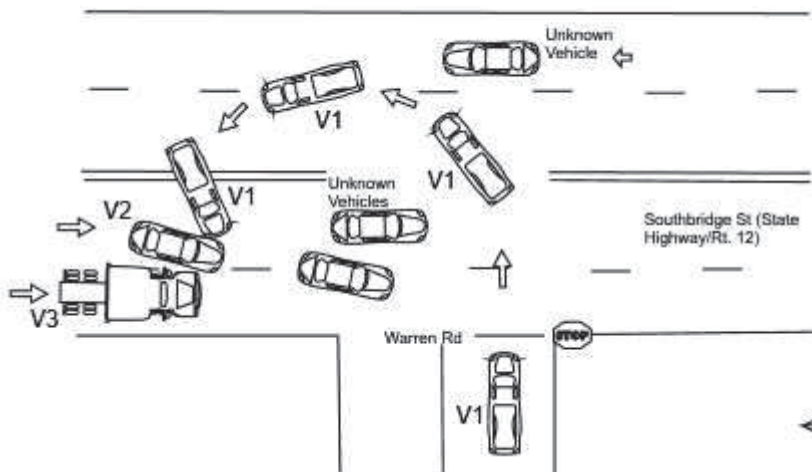
Police Use Only			Commonwealth of Massachusetts										RMV Document Number								
Date of Crash 04/11/2025		Time of Crash 1651 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 1	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:													
<div>1</div> <div>1</div> <div>1</div> <div>1</div>						<div>2</div> <div>10</div> <div>4</div> <div>11</div>															
						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									
						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# 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# 25-130-AC													
License # SA0400321 St MA DOB/Age 12/16/2002														Reg # 1XYM97 Reg Type PC Reg State MA							
Sex M		Lic. Class D 19 19		Lic. Restrictions 20		CDL Endorsement		Veh Year 2012 Veh Make FORD Veh Config. 1				1									
Operator JURGIEL, RYAN GREGORY														Owner JURGIEL, RYAN GREGORY							
Address 57 DAVIS RD														Address 57 DAVIS RD							
City MILLBURY State MA Zip 01527-1012														City MILLBURY State MA Zip 01527-1012							
Insurance Company PLYMOUTH ROCK ASSURANCE C														Vehicle Action Prior to Crash 6				Damaged Area Code: 3			
Vehicle Travel Direction: N S X W Responding to Emergency? 2														Event Sequence 1 23 23 23 23				Test Status: 28			
Citation # (If Issued) T3622736														Most Harmful Event 1				Type of Test: 29			
Viol. 1: Ch/Sec/Sub CMR7209069 Viol. 2: Ch/Sec/Sub														Driver Contributing Code 4 25 12 25				BAC Test Result: 30			
Viol. 3: Ch/Sec/Sub 894A Viol. 4: Ch/Sec/Sub														Driver Distracted by 0 26 26				Susp. Alcohol: 2 31 Susp. Drug: 32			
Towed from scene? 1 33														1				13			
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														1				1 4 0 0 10 1			
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 # S56033061 St MA DOB/Age 04/15/1971														Reg # 5KPW34 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				1									
Operator LAM, KENNY														Owner LAM, KENNY							
Address 54 1ST ST														Address 54 1ST ST							
City WORCESTER State MA Zip 01602-3106														City WORCESTER State MA Zip 01602-3106							
Insurance Company PLYMOUTH ROCK ASSURANCE C														Vehicle Action Prior to Crash 1				Damaged Area Code: 11			
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				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: 2 31 Susp. Drug: 32			
Towed from scene? 1 33														1				14			
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														1				1 4 0 0 8 1			

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AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
<div>1</div> <div>1</div>						<div>2</div> <div>10</div>										
						Route# Direction Name of Roadway/Street										
						At										
						Route# Direction Name of Intersecting Roadway/Street										
<div>2</div> <div>1</div>						<div>4</div> <div>11</div>										
						Also at Intersection with										
						Route# Direction Name of Intersecting Roadway/Street										
						Landmark										
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 31 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-130-AC								
License # S31497211 St MA DOB/Age 06/26/1973						Reg # R81878 Reg Type CO Reg State MA						<div>1</div> <div>12</div>				
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2015 Veh Make MACK Veh Config. 13 21										
Operator ALLEN, JAMIE H						Owner CASELLA WASTE MANAGEMENT OF MASSACHUSETTS INC						<div>1</div> <div>13</div>				
Address 113 OLD SOUTHBRIDGE RD						Address 49 SWORD ST										
City DUDLEY State MA Zip 01571-6834						City AUBURN State MA Zip 01501-2146						<div>1</div> <div>14</div>				
Insurance Company OLD REPUBLIC INSURANCE CO						Vehicle Action Prior to Crash 1 22										
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						<div>1</div> <div>15</div>				
Citation # (If Issued)						Most Harmful Event 1 24										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						<div>1</div> <div>16</div>				
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						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						<div>1</div> <div>17</div>				
Operator						See Above										
												<div>1</div> <div>18</div>				
												<div>1</div> <div>19</div>				
Please Select One of the Following:		<input type="checkbox"/> Vehicle 4 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.								
License # St DOB/Age						Reg # Reg Type Reg State						<div>1</div> <div>20</div>				
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year Veh Make Veh Config.										
Operator						Owner						<div>1</div> <div>21</div>				
Address						Address										
City State Zip						City State Zip						<div>1</div> <div>22</div>				
Insurance Company						Vehicle Action Prior to Crash 22										
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23						<div>1</div> <div>23</div>				
Citation # (If Issued)						Most Harmful Event 24										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25						<div>1</div> <div>24</div>				
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26										
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						<div>1</div> <div>25</div>				
Operator/Occupants						See Above										
												<div>1</div> <div>26</div>				
												<div>1</div> <div>27</div>				

→ = 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

Insert Arrow



Crash Narrative:

All 3 operators could not recall a full account of what happened. Dash camera from V3 revealed the following: V1 was stopped at a stop sign at the intersection of Southbridge St/Warren Rd. V2 and V3 were traveling next to each other heading South on Southbridge Street and had the right of way. V1 abruptly enters Southbridge St, immediately loses control in the Northbound lane, over steers and strikes V2 traveling in the opposite direction, which forces V2 to also collide with V3. Based on the video, it appears that V1 quickly accelerated through a small opening in traffic when entering onto Southbridge Street. Prior to the collision V1 nearly collided with two other unknown vehicles, which may be part of the reasoning for the over steering in the Northbound lane. Video screen shots saved in this report. Full video saved to the Auburn Police Digital Evidence file. V1 failed to use care when entering Southbridge St and V1 crossed the D.Y.L

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 Matthew Laskes

Police Officer Name (Please Print)

Signature

72ML

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

04/11/2025

Date