Police Use Only	Commonwealth of Massachusetts	RMV Document Number

Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	State Police	Local Police	MBTA Police	Campus Police	Other:
06/21/2025	0706 24HR	Auburn	1	0	40			☐	☒	☐	☐	

AT INTERSECTION: < LOCATION > **NOT AT INTERSECTION:**

1 1 — Route# ___ Direction ___ Name of Roadway/Street: SOUTHBRIDGE ST

At

Route# ___ Direction ___ Name of Intersecting Roadway/Street: SWANSON RD

Also at Intersection with

2 1 — Route# ___ Direction ___ Name of Intersecting Roadway/Street ___

Route# ___ Direction ___ Address # ___ Name of Roadway/Street ___

___ Feet N S E W of ___ Mile Marker ___ or ___ Exit Number

___ Feet N S E W of ___ Route# ___ Intersecting Roadway/Street ___

___ Feet N S E W of ___ Landmark ___

2 10 — 8 11

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 25-207-AC

3

License # 109608574 St CT DOB/Age 10/10/1989 — Reg # AL16673 Reg Type PAN Reg State CT

Sex U Lic. Class D (19) (19) Lic. Restrictions (20) CDL Endorsement ___ — Veh Year 2012 Veh Make SUBARU Veh Config. 1 (21)

1 12

Operator JULIAN, SETH ANTHONY (Last First Middle) — Owner JULIAN, SETH ANTHONY (Last First Middle)

4 3 — Address 130 CRANBERRY BOG RD APT U — Address 130 CRANBERRY BOG RD APT U

City DANIELSON State CT Zip 06239-3338 — City DANIELSON State CT Zip 06239-3338

Insurance Company Progressive Direct Insura — Vehicle Action Prior to Crash 4 (22) — Damaged Area Code: 8 (27) (27) (27)

Vehicle Travel Direction: ☒ S E W — Responding to Emergency? 2 — Event Sequence 4 (23) (23) (23) (23) — Test Status: 1 (28)

5 1 — Citation # (If Issued) 517869AD — Most Harmful Event 4 (24) — Type of Test: (29)

BAC Test Result: (30)

Viol. 1: Ch/Sec/Sub 90 23D Viol. 2: Ch/Sec/Sub 90 13B — Driver Contributing Code 19 (25) 18 (25) — Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)

4 13

Viol. 3: Ch/Sec/Sub ___ Viol. 4: Ch/Sec/Sub ___ — Driver Distracted by 1 (26) (26) — Towed from scene? 2 (33)

6 1

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	1	4	0	0	10	1	

7 2

Please Select One of the Following: ☐ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☒ Vulnerable User Complete the Vulnerable User section.

License # ___ St ___ DOB/Age ___ — Reg # ___ Reg Type ___ Reg State ___

Sex ___ Lic. Class (19) (19) Lic. Restrictions (20) CDL Endorsement ___ — Veh Year ___ Veh Make ___ Veh Config. (21)

8 1 — Operator ___ (Last First Middle) — Owner ___ (Last First Middle)

Address ___ — Address ___

City ___ State ___ Zip ___ — City ___ State ___ Zip ___

1 14

Insurance Company ___ — Vehicle Action Prior to Crash (22) — Damaged Area Code: (27) (27) (27)

Vehicle Travel Direction: N S E W — Responding to Emergency? ___ — Event Sequence (23) (23) (23) (23) — Test Status: (28)

Citation # (If Issued) ___ — Most Harmful Event (24) — Type of Test: (29)

9 2 — Viol. 1: Ch/Sec/Sub ___ Viol. 2: Ch/Sec/Sub ___ — Driver Contributing Code (25) (25) — BAC Test Result: (30)

Viol. 3: Ch/Sec/Sub ___ Viol. 4: Ch/Sec/Sub ___ — Driver Distracted by (26) (26) — Susp. Alcohol: (31) Susp. Drug: (32)

Towed from scene? (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							

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User

Type: 2 (VU1) | Action: 1 (VU2) | Location: 1 (VU3)

VU: VERGARA, ALEJANDRO (Last, First, Middle)

Address: 12 BELLEVUE ST

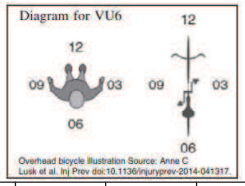
City: WORCESTER State: MA Zip: 01609-1802

License #: SA0550513 St: MA DOB/Age: 03/16/1974

Traffic Control Device: 0 (VU4)

Origin/Destination: 97 (VU5)

Contact Point: 06 (VU6)



Primary Injury Area: 1 (VU7)

Event Sequence: 2 (VU8) | VU8 | VU8 | VU8

Contributing Code: 16 (VU9) | VU9

Distracted by: 1 (VU10) | VU10

Test Status: 1 (VU11)

Type of Test: VU12

BAC Test Result: VU13

Susp. Alcohol: 2 (VU14)

Susp. Drug: 2 (VU15)

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User	M	1	6	0	0	8	2	[redacted]

Vulnerable User

Type: VU1 | Action: VU2 | Location: VU3

VU: (Last, First, Middle)

Address:

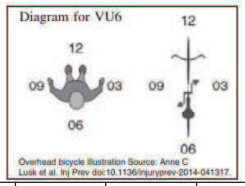
City: State: Zip:

License #: St: DOB/Age:

Traffic Control Device: VU4

Origin/Destination: VU5

Contact Point: VU6



Primary Injury Area: VU7

Event Sequence: VU8 | VU8 | VU8 | VU8

Contributing Code: VU9 | VU9

Distracted by: VU10 | VU10

Test Status: VU11

Type of Test: VU12

BAC Test Result: VU13

Susp. Alcohol: VU14

Susp. Drug: VU15

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

Vulnerable User

Type: VU1 | Action: VU2 | Location: VU3

VU: (Last, First, Middle)

Address:

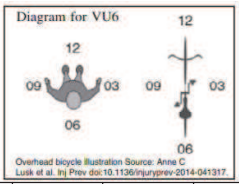
City: State: Zip:

License #: St: DOB/Age:

Traffic Control Device: VU4

Origin/Destination: VU5

Contact Point: VU6



Primary Injury Area: VU7

Event Sequence: VU8 | VU8 | VU8 | VU8

Contributing Code: VU9 | VU9

Distracted by: VU10 | VU10

Test Status: VU11

Type of Test: VU12

BAC Test Result: VU13

Susp. Alcohol: VU14

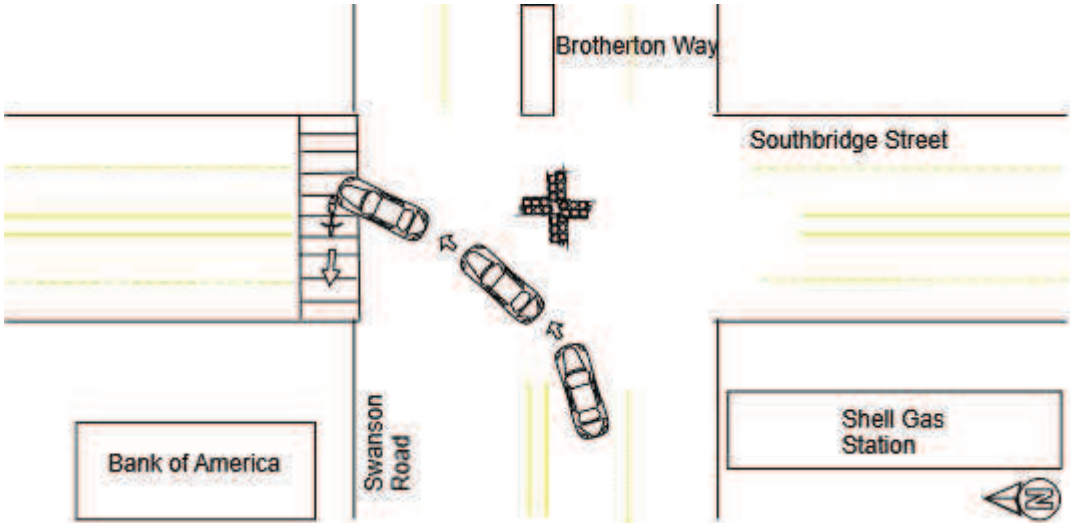
Susp. Drug: VU15

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

= 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

I Arrow

Crash Narrative:

V#1 WAS AT THE INTERSECTION OF SOUTHBRIDGE STREET AND SWANSON ROAD AT A RED LIGHT. WHEN THE LIGHT TURNED GREEN THE OPERATOR STATED THAT HE WAS ON THE PHONE AT THE RED LIGHT AND WHEN THE LIGHT TURNED GREEN, HE WAS STARTING TO TURN AND WHEN HE LOOKED UP THE BICYCLIST WAS CROSSING THE CROSSWALK AND HE REALIZED IT WAS TOO LATE AND HIT THE BACK TIRE OF THE BICYCLE. [redacted]. HE WAS TRANSPORTED TO THE HOSPITAL TO GET CHECKED OUT. THE BICYCLE WAS BROUGHT BACK TO THE POLICE DEPARTMENT FOR SAFE KEEPING. THE OPERATOR OF V#1 STATED THAT THE SUN WAS ALSO BRIGHT WHEN HE WAS TURNING AND ALSO PART OF THE REASON HE SAW THE BICYCLE AT THE LAST SECOND.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERGARA ALEJANDRO	12 BELLEVUE ST WORCESTER MA 01609-1			BICYCLE

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		89AM	Auburn Police Department		06/21/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date