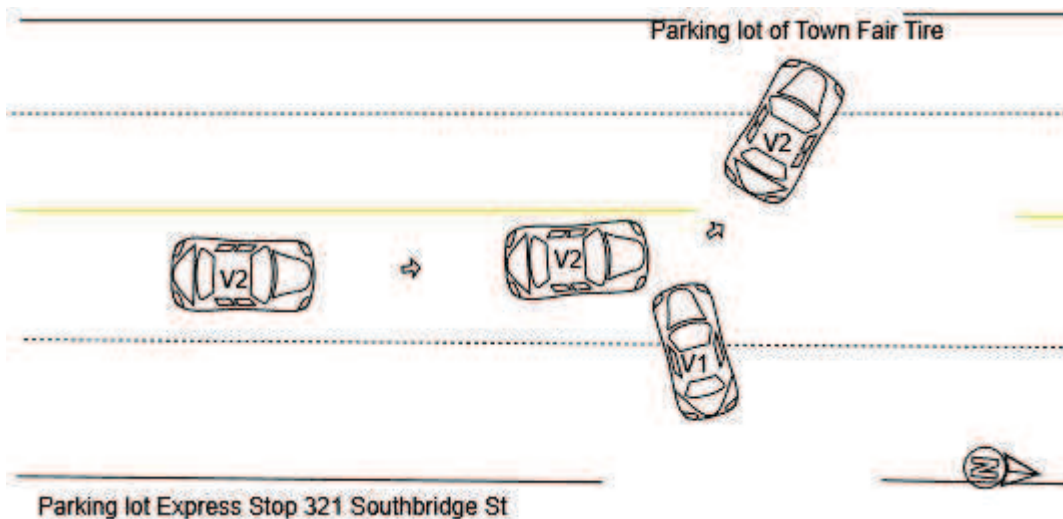


Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 03/29/2025		Time of Crash 1035 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:											
<div>1</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>2</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>												<div>10</div>	
						<div>3</div>												<div>11</div>	
						<div>2</div>													
						<div>3</div>													
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# 25-115-AC											
License # S55485136 St MA DOB/Age 01/07/1956						Reg # 1778LF Reg Type PC Reg State MA												<div>1</div> <div>12</div>	
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21												<div>1</div> <div>12</div>	
Operator GLINETS, ALEXANDER ARKADYEVICH Last First Middle						Owner GLINET, ALEXANDER ARKADYEVICH Last First Middle												<div>1</div> <div>12</div>	
Address 12 MODRED CT						Address 12 MODRED CT												<div>1</div> <div>12</div>	
City WORCESTER State MA Zip 01602-1315						City WORCESTER State MA Zip 01602-1315												<div>1</div> <div>12</div>	
Insurance Company LIBERTY MUTUAL INSURANCE						Vehicle Action Prior to Crash 4 22												<div>1</div> <div>12</div>	
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23												<div>1</div> <div>12</div>	
Citation # (If Issued)						Most Harmful Event 1 24												<div>1</div> <div>12</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 4 25 25												<div>1</div> <div>12</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26												<div>1</div> <div>12</div>	
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved												<div>1</div> <div>12</div>	
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 1 1 4 0 0 9 1												<div>1</div> <div>12</div>	
																		<div>1</div> <div>12</div>	
																		<div>1</div> <div>12</div>	
																		<div>1</div> <div>12</div>	
																		<div>1</div> <div>12</div>	
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 # S25936296 St MA DOB/Age 06/01/1956						Reg # X40509 Reg Type CO Reg State MA												<div>1</div> <div>14</div>	
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2023 Veh Make KIA Veh Config. 1 21												<div>1</div> <div>14</div>	
Operator GUSTAFSON, PHILIP W Last First Middle						Owner GELCO FLEET TRUST Last First Middle												<div>1</div> <div>14</div>	
Address 12 MAYFAIR CIR						Address 940 RIDGEBROOK RD												<div>1</div> <div>14</div>	
City OXFORD State MA Zip 01540-2722						City SPARKS State MD Zip 21152-9390												<div>1</div> <div>14</div>	
Insurance Company ACE AMERICAN INSURANCE CO						Vehicle Action Prior to Crash 1 22												<div>1</div> <div>14</div>	
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23												<div>1</div> <div>14</div>	
Citation # (If Issued)						Most Harmful Event 1 24												<div>1</div> <div>14</div>	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 7 25 25												<div>1</div> <div>14</div>	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26												<div>1</div> <div>14</div>	
Please fill out for operator and all occupants involved						Please fill out for operator and all occupants involved												<div>1</div> <div>14</div>	
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 1 1 1 0 0 10 1												<div>1</div> <div>14</div>	
																		<div>1</div> <div>14</div>	
																		<div>1</div> <div>14</div>	
																		<div>1</div> <div>14</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 North Arrow



Crash Narrative:

V1 was stopped across the northbound lane of Southbridge St. V1 was attempting to turn left out of Express Stop but traffic was heavy. V2 was traveling northbound on Southbridge St. V2 struck V1 as it was stopped in the lane.

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 Adam D Gustafson

Police Officer Name (Please Print)

Signature

62AG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

03/29/2025

Date