Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Type
11/14/2025	1824 (24HR)	Auburn	2	0	15			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

Route# | Direction | 676 (Address #) | SOUTHBRIDGE ST (Name of Roadway/Street)

_____ Feet ☒ 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

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 25-398-AC

License # S97812438 St MA DOB/Age 11/06/1982

Sex M Lic. Class D (19/19) Lic. Restrictions 20 CDL Endorsement

Operator ELLIS, FIDEL HOWARD (Last, First, Middle)

Address 94 GILBOA ST

City DOUGLAS State MA Zip 01516-2000

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Travel Direction: ☒ 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 _____

Reg # 5SSY22 Reg Type PAN Reg State MA

Veh Year 2019 Veh Make CHEVROLET Veh Config. 2 (21)

Owner PELCZARSKI, CHELSEA LAUREN (Last, First, Middle)

Address 94 GILBOA ST

City DOUGLAS State MA Zip 01516-2000

Vehicle Action Prior to Crash 10 (22)

Event Sequence 1 (23) | (23) | (23) | (23)

Most Harmful Event 1 (24)

Driver Contributing Code 1 (25) | (25)

Driver Distracted by 0 (26) | (26)

Damaged Area Code: 4 (27) | (27) | (27)

Test Status: 1 (28)

Type of Test: 0 (29)

BAC Test Result: 1 (30)

Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)

Towed from scene? 2 (33)

Please fill out for operator and all occupants involved				34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Name (Last First Middle)	Address	DOB/Age	Sex								
Operator	See Above			1	99	4	0	0	10	1	NOT TRANSPORTED

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

License # S24176747 St MA DOB/Age 12/04/1979

Sex M Lic. Class D (19) M (19) Lic. Restrictions 1 (20) CDL Endorsement

Operator DZIUBASIK, THOMAS JAN (Last, First, Middle)

Address 22 PIONEER LN

City AUBURN State MA Zip 01501-1848

Insurance Company PLYMOUTH ROCK ASSURANCE C

Vehicle Travel Direction: ☒ 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 _____

Reg # 4MV128 Reg Type PAN Reg State MA

Veh Year 2003 Veh Make LEXUS Veh Config. 1 (21)

Owner DZIUBASIK, THOMAS JAN (Last, First, Middle)

Address 22 PIONEER LN

City AUBURN State MA Zip 01501-1848

Vehicle Action Prior to Crash 1 (22)

Event Sequence 1 (23) | (23) | (23) | (23)

Most Harmful Event 1 (24)

Driver Contributing Code 1 (25) | (25)

Driver Distracted by 0 (26) | (26)

Damaged Area Code: 8 (27) | (27) | (27)

Test Status: 1 (28)

Type of Test: 0 (29)

BAC Test Result: 1 (30)

Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)

Towed from scene? 2 (33)

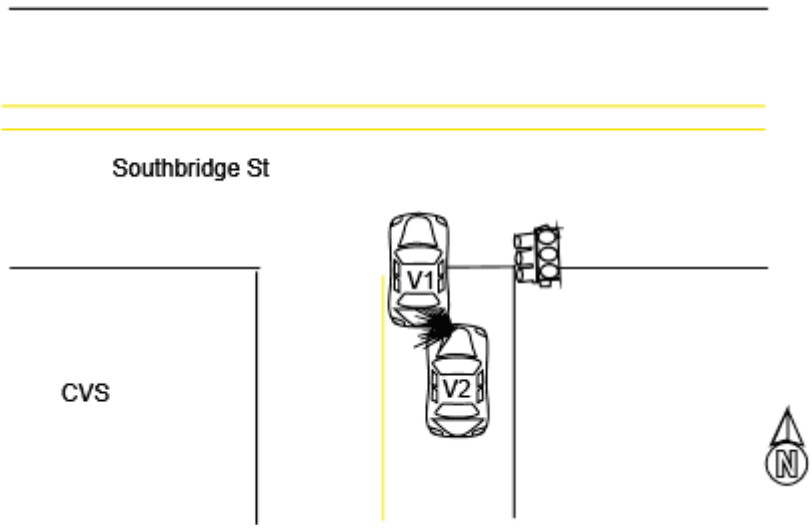
Please fill out for operator and all occupants involved				34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Name (Last First Middle)	Address	DOB/Age	Sex								
Operator/Occupants	See Above			1	99	4	0	0	10	1	NOT TRANSPORTED

Form No. 10364 CRA-65 08/23

= 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[illegible] Arrow

Crash Narrative:

Vehicle 1 was exiting the CVS parking lot at the traffic lights, Vehicle 2 came behind Vehicle 1. The operator of Vehicle 1 explained he inched out to enter traffic but could not safely so they backed up bumping into the front of Vehicle 2.

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		99PM	Auburn Police Department		11/14/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date