

| Police Use Only   |  |   | Commonwealth of Massachusetts |                                  |  |   |  | RMV Document Number  |                         |                        |                |  |  |  |
|---|--|---|-------------------------------|----------------------------------|--|---|--|--|-------------------------|------------------------|----------------|--|--|--|
| Date of Crash<br>02/01/2026   |  | Time of Crash<br>0811<br>24HR                             |                               | City/Town<br>Auburn              |  | Motor Vehicle Crash<br>Police Report  |  |  | Number<br>Vehicles<br>2 | Number<br>Injured<br>0 | Speed Limit 40 |  | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other: |  |
| AT INTERSECTION:  |  |   |                               | < LOCATION >                     |  | NOT AT INTERSECTION:  |  |  |                         |                        |                |  |  |  |
| <div>11</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>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</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# 26-50-AC  |                         |                        |                |  |  |  |
| License # SA2661449 St MA DOB/Age 10/14/2004  |  |   |                               |                                  |  | Reg # 6WWB89 Reg Type PC Reg State MA   |  |  |                         |                        |                |  |  |  |
| Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement   |  |   |                               |                                  |  | Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21  |  |  |                         |                        |                |  |  |  |
| Operator IVANIUK, MYKHAILO  |  |   |                               |                                  |  | Owner IVANIUK, YAROSLAV   |  |  |                         |                        |                |  |  |  |
| Address 66 PLEASANT ST APT 20   |  |   |                               |                                  |  | Address 66 PLEASANT ST APT 20   |  |  |                         |                        |                |  |  |  |
| City NORTH OXFORD State MA Zip 01537-1038   |  |   |                               |                                  |  | City NORTH OXFORD State MA Zip 01537-1038   |  |  |                         |                        |                |  |  |  |
| Insurance Company ARBELLA MUTUAL INSURANCE  |  |   |                               |                                  |  | Vehicle Action Prior to Crash 1 22  |  |  |                         |                        |                |  |  |  |
| Vehicle Travel Direction: X S E W Responding to Emergency? 2  |  |   |                               |                                  |  | Event Sequence 1 23 23 23 23  |  |  |                         |                        |                |  |  |  |
| Citation # (If Issued)  |  |   |                               |                                  |  | Most Harmful Event 1 24   |  |  |                         |                        |                |  |  |  |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub   |  |   |                               |                                  |  | Driver Contributing Code 1 25 25  |  |  |                         |                        |                |  |  |  |
| 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   |  |   |                               |                                  |  | Damaged Area Code: 5 27 27 27   |  |  |                         |                        |                |  |  |  |
| Name (Last First Middle) Address  |  |   |                               |                                  |  | Test Status: 1 28   |  |  |                         |                        |                |  |  |  |
| Operator See Above  |  |   |                               |                                  |  | Type of Test: 0 29  |  |  |                         |                        |                |  |  |  |
|   |  |   |                               |                                  |  | BAC Test Result: 1 30   |  |  |                         |                        |                |  |  |  |
|   |  |   |                               |                                  |  | Susp. Alcohol: 2 31 Susp. Drug: 2 32  |  |  |                         |                        |                |  |  |  |
|   |  |   |                               |                                  |  | Towed from scene? 2 33  |  |  |                         |                        |                |  |  |  |
|   |  |   |                               |                                  |  |   |  |  |                         |                        |                |  |  |  |
| 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 # S85463973 St MA DOB/Age 03/31/1986  |  |   |                               |                                  |  | Reg # 7CHY87 Reg Type PC Reg State MA   |  |  |                         |                        |                |  |  |  |
| Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement   |  |   |                               |                                  |  | Veh Year 2018 Veh Make HONDA Veh Config. 1 21   |  |  |                         |                        |                |  |  |  |
| Operator STAPLETON, JILLIAN M   |  |   |                               |                                  |  | Owner STAPLETON, JILLIAN M  |  |  |                         |                        |                |  |  |  |
| Address 6 PHEASANT CT   |  |   |                               |                                  |  | Address 6 PHEASANT CT   |  |  |                         |                        |                |  |  |  |
| City AUBURN State MA Zip 01501-2445   |  |   |                               |                                  |  | City AUBURN State MA Zip 01501-2445   |  |  |                         |                        |                |  |  |  |
| Insurance Company PROGRESSIVE CASUALTY INSU   |  |   |                               |                                  |  | Vehicle Action Prior to Crash 4 22  |  |  |                         |                        |                |  |  |  |
| Vehicle Travel Direction: X S E W Responding to Emergency? 2  |  |   |                               |                                  |  | Event Sequence 1 23 23 23 23  |  |  |                         |                        |                |  |  |  |
| Citation # (If Issued)  |  |   |                               |                                  |  | Most Harmful Event 1 24   |  |  |                         |                        |                |  |  |  |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub   |  |   |                               |                                  |  | Driver Contributing Code 4 25 25  |  |  |                         |                        |                |  |  |  |
| 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   |  |   |                               |                                  |  | Damaged Area Code: 8 27 27 27   |  |  |                         |                        |                |  |  |  |
| Name (Last First Middle) Address  |  |   |                               |                                  |  | Test Status: 1 28   |  |  |                         |                        |                |  |  |  |
| Operator/Occupants See Above  |  |   |                               |                                  |  | Type of Test: 0 29  |  |  |                         |                        |                |  |  |  |
|   |  |   |                               |                                  |  | BAC Test Result: 1 30   |  |  |                         |                        |                |  |  |  |
|   |  |   |                               |                                  |  | Susp. Alcohol: 2 31 Susp. Drug: 2 32  |  |  |                         |                        |                |  |  |  |
|   |  |   |                               |                                  |  | Towed from scene? 2 33  |  |  |                         |                        |                |  |  |  |
|   |  |   |                               |                                  |  |   |  |  |                         |                        |                |  |  |  |

→ = 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

Indicate Direction of Travel with Arrow



### Crash Narrative:

car2 traveling in the right lane when they decided to turn around. They did not see car1 traveling in the left lane. car2's front left front bumper hit car1's rear bumper. Car1's rear bumper fell off. No injuries to either drivers.

### 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 Grace Griffin

Police Officer Name (Please Print)

Signature

98GG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/01/2026

Date