

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **02/01/2026** Time of Crash **0811** 24HR City/Town **Auburn**

Number Vehicles **2** Number Injured **0** Speed Limit **40**
 State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 1

Route# _____ Direction _____ Name of Roadway/Street _____
 At _____

2 10
 Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

2 2
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2 11
 Feet **N S E W** of _____ Mile Marker _____ Exit Number _____

Also at Intersection with _____

2 12
 Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____

2 1
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Landmark _____

3
 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run MopedCrash Report ID# **26-50-AC**4 1
 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** Last _____ First _____ Middle _____

Owner **IVANIUK, YAROSLAV** Last _____ First _____ Middle _____

4 1
 Address **66 PLEASANT ST APT 20**

Address **66 PLEASANT ST APT 20**

5
 City **NORTH OXFORD** State **MA** Zip **01537-1038**

City **NORTH OXFORD** State **MA** Zip **01537-1038**

Insurance Company **ARABELLA MUTUAL INSURANCE**

Vehicle Action Prior to Crash **1** 22

5
 Vehicle Travel Direction: S E W Responding to Emergency? **2**

Damaged Area Code: **5** 27 27 27

6 1
 Citation # (If Issued) _____

Test Status: **1** 28

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Type of Test: **0** 29

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

BAC Test Result: **1** 30

6 1
 Please fill out for operator and all occupants involved

Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Name (Last First Middle) _____ Address _____ DOB/Age _____ Sex _____

Towed from scene? **2** 33

Operator See Above

Medical Facility _____

7 1
 Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Reg # **7CHY87** Reg Type **PC** Reg State **MA**

License # **S85463973** St **MA** DOB/Age **03/31/1986**

Veh Year **2018** Veh Make **HONDA** Veh Config. **1** 21

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Endorsement _____

Owner **STAPLETON, JILLIAN M** Last _____ First _____ Middle _____

8 1
 Address **6 PHEASANT CT**

Address **6 PHEASANT CT**

8 1
 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

9 2
 Vehicle Travel Direction: S E W Responding to Emergency? **2**

Damaged Area Code: **8** 27 27 27

Citation # (If Issued) _____

Test Status: **1** 28

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Type of Test: **0** 29

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BAC Test Result: **1** 30

9 2
 Please fill out for operator and all occupants involved

Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Name (Last First Middle) _____ Address _____ DOB/Age _____ Sex _____

Towed from scene? **2** 33

Operator/Occupants See Above

Medical Facility _____

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian Bicycle

Crash Diagram:

ie:

→ 1 → 2 → Pedestrian → Bicycle

If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

I → 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. Carl'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