

Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 08/25/2025		Time of Crash 1517 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 50		State Police <input type="checkbox"/>		Local Police <input checked="" type="checkbox"/>		MBTA Police <input type="checkbox"/>		Campus Police <input type="checkbox"/>		Other: <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT 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						Route# Direction Address # Name of Roadway/Street Feet N S E W of . or Mile Marker 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: <input checked="" type="checkbox"/> Vehicle 11 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped						Crash Report ID# 25-277-AC											
License # S61031616 St MA DOB/Age 06/09/1982 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator ZEGLEN, DARIUSZ PAWEL Address 24 TANNER RD City WEBSTER State MA Zip 01570-2123 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S X 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 # S90384 Reg Type CO Reg State MA Veh Year 2024 Veh Make GMC Veh Config. 2 21 Owner ZEGLEN EXTERIORS INC Address 24 TANNER RD City WEBSTER State MA Zip 01570-2123 Vehicle Action Prior to Crash 4 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: 2 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 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						See Above																	
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 # S71629914 St MA DOB/Age 07/25/1973 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator FISH, DAVID WAYNE Address 75 NEW BRAINTREE RD City NORTH BROOKFIELD State MA Zip 01535-1606 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) 657754AD Viol. 1: Ch/Sec/Sub 89 4B Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # 631LD8 Reg Type PC Reg State MA Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21 Owner FISH, DAVID WAYNE Address 75 NEW BRAINTREE RD City NORTH BROOKFIELD State MA Zip 01535-1606 Vehicle Action Prior to Crash 9 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 9 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 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																	

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

Crash Diagram:

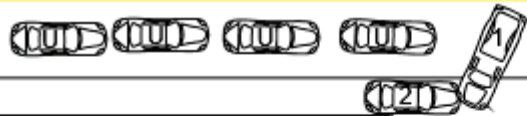
ie: → 1 → 2 → ○ → ○

If Crash Did Not Occur on a Public Way:

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

↓ Arrow

Washington St
(RT 20)



Breakdown Lane

Parking lot of 300 Washington St



Crash Narrative:

Vehicle 1 was waiting to turn left from Washington St (RT 20) East into the parking lot of 300 Washington St. Vehicle 2 was traveling in the breakdown lane of RT 20 West. The line of traffic was backed up from Millbury St to the Worcester line on RT 20 West. The operator of V1 stated that an uninvolved vehicle stopped and waved him to turn into the parking lot, when he collided with V2 in the breakdown lane. The operator of V2 stated he was traveling in the breakdown lane to skip the traffic while he was trying to get to the RT 20 and Millbury St intersection to turn right. The operator of V2 was issued citation 657754AD for 89/4B/A - Breakdown Lane Violation.

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 Matthew Rodwill

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/25/2025

Date