

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **11/29/2024**Time of Crash **1104**
24HRCity/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:**SOUTHBRIDGE ST**

Route# _____ Direction _____ Name of Roadway/Street _____

At _____

SWANSON RD

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

Also at Intersection with _____

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

Please Select One
of the Following: Vehicle **12** #Occupants Hit/Run MopedCrash Report ID# **24-421-AC**License # **S50290307** St **MA** DOB/Age **05/26/1991**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement _____Operator **STELMACK, MIKEL STEVEN SABASTI**

Last _____ First _____ Middle _____

Address **19 BROWNS BROOK RD**City **WEBSTER** State **MA** Zip **01570-3404**Insurance Company **THE STANDARD FIRE INSURAN**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 # **4RYZ98**Reg Type **PC**Reg State **MA**Veh Year **2012**Veh Make **VOLKSWAGEN**Veh Config. **1**Owner **STELMACK, MIKEL STEVEN SABASTI**

Last _____ First _____ Middle _____

Address **19 BROWNS BROOK RD**City **WEBSTER**State **MA** Zip **01570-3404**Vehicle Action Prior to Crash **1** 22Damaged Area Code: **1** 27 27 27Event Sequence **1** 23 23 23 23Test Status: **1** 28Most Harmful Event **1** 24Type of Test: **0** 29Driver Contributing Code **1** 25 25BAC Test Result: **1** 30Driver Distracted by **0** 26 26Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Towed 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
System36
Airbag
Status37
Eject
Code38
Trap
Code39
Injury
Status40
Transp.
Code

Medical Facility

Operator

See Above

X

X

1

1

3

0

0

10

1

Please Select One
of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.License # **5293689** St **OR** DOB/Age **10/14/1974**Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement _____Operator **VEACH, LORNA LEIHUA**

Last _____ First _____ Middle _____

Address **3392 ELLIOT LN**City **SPRINGFIELD** State **OR** Zip **97478**Insurance Company **STATE FARM**Vehicle Travel Direction: **X 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 # **9Z7042**Reg Type **PAN**Reg State **OR**Veh Year **2006**Veh Make **HUMMER**Veh Config. **1**Owner **VEACH, LORNA LEIHUA**

Last _____ First _____ Middle _____

Address **3392 ELLIOT LN**City **SPRINGFIELD** State **OR** Zip **97478**Vehicle Action Prior to Crash **1** 22Damaged Area Code: **7** 27 27 27Event Sequence **1** 23 23 23 23Test Status: **1** 28Most Harmful Event **1** 24Type of Test: **0** 29Driver Contributing Code **1** 25 25BAC Test Result: **1** 30Driver Distracted by **0** 26 26Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Towed from scene? **1** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)

Address

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34
Seat
Pos.35
Safety
System36
Airbag
Status37
Eject
Code38
Trap
Code39
Injury
Status40
Transp.
Code

Medical Facility

Operator/Occupants

See Above

X

X

1

0

4

0

0

10

1

SCOTT LYNCH82023 LOST CREEK RD
DEXTER, OR 97431

12/23/1970

M

3

0

4

0

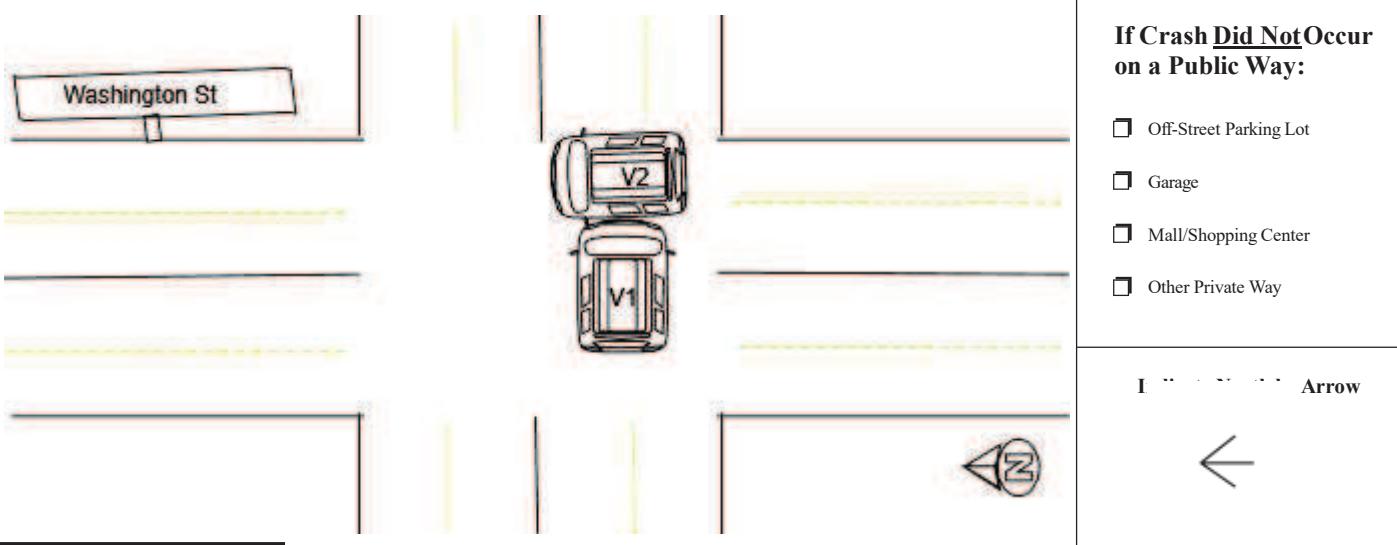
0

10

1

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

Crash Diagram:



Crash Narrative:

At approximately 1104 hours on 11/29/2024, the Auburn Police Department responded to a two-car motor vehicle accident in the area of Swanson Rd and Southbridge St. Upon arrival I spoke with the Operator of Vehicle: 1 (V1) whom advised they were traveling eastbound on Swanson Rd, crossing Southbridge St at approximately 20 MPH just prior to the accident. I spoke with the Operator of Vehicle: 2 (V2) whom advised they were traveling northbound on Southbridge St at approximately 5 MPH just prior to the accident.

While in the middle of the intersection V1 and V2 collided. The involved operators both advised that they had a green light prior to entering the intersection. The vehicles were deemed inoperable and were towed by Direnzo's Towing. All involved parties declined seeking medical attention from Auburn Fire/EMS.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
WARNER LUCIS	OTHER OTHER MA	860-576-5868	

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 Jordan D Ryan

Police Officer Name (Please Print)

Signature

90JR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

11/29/2024

Date