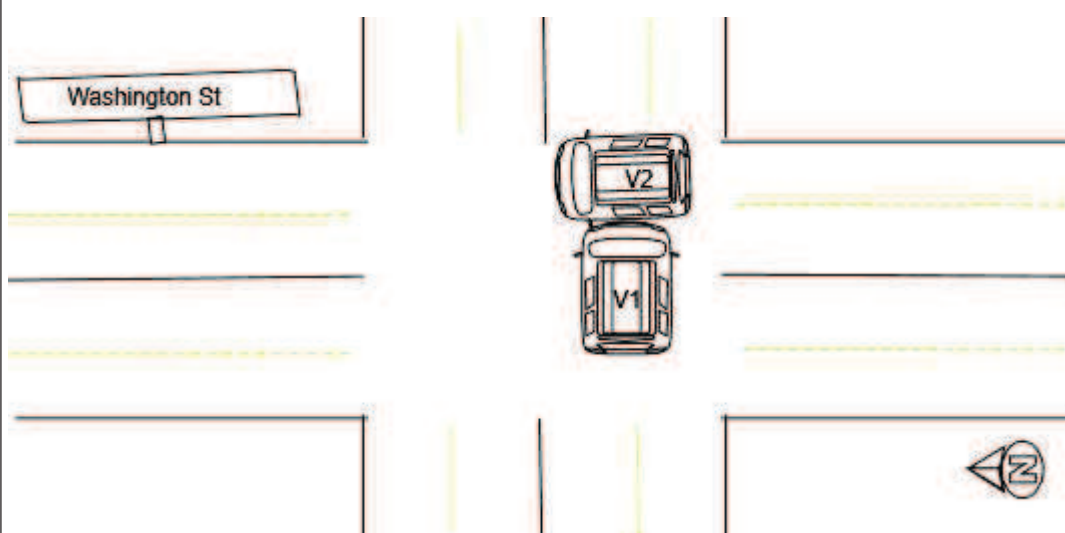


Police Use Only			Commonwealth of Massachusetts										RMV Document Number																				
Date of Crash 11/29/2024		Time of Crash 1104 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																									
SOUTHBRIDGE ST																																	
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																											
At																																	
SWANSON RD						Feet N S E W of . or Exit Number																											
Route# Direction Name of Intersecting Roadway/Street						Mile Marker																											
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street																											
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of																											
						Landmark																											
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 24-421-AC																									
License # S50290307 St MA DOB/Age 05/26/1991						Reg # 4RYZ98 Reg Type PC Reg State MA																											
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2012 Veh Make VOLKSWAGEN Veh Config. 1 21																											
Operator STELMACK, MIKEL STEVEN SABASTI						Owner STELMACK, MIKEL STEVEN SABASTI																											
Address 19 BROWNS BROOK RD						Address 19 BROWNS BROOK RD																											
City WEBSTER State MA Zip 01570-3404						City WEBSTER State MA Zip 01570-3404																											
Insurance Company THE STANDARD FIRE INSURAN						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27																											
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28																											
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 0 29																											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 30																											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32																											
Driver Distracted by 0 26 26						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						See Above						X		X		1		1		3		0		0		10		1					
																M		3		1		3		0		0		10		1			
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 22 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																									
License # 5293689 St OR DOB/Age 10/14/1974						Reg # 9Z7042 Reg Type PAN Reg State OR																											
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2006 Veh Make HUMMER Veh Config. 1 21																											
Operator VEACH, LORNA LEIHUA						Owner VEACH, LORNA LEIHUA																											
Address 3392 ELLIOT LN						Address 3392 ELLIOT LN																											
City SPRINGFIELD State OR Zip 97478						City SPRINGFIELD State OR Zip 97478																											
Insurance Company STATE FARM						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 27 27																											
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28																											
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 29																											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 1 30																											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32																											
Driver Distracted by 0 26 26						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						X		X		1		0		4		0		0		10		1					
SCOTT LYNCH						82023 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:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Intersection Arrow



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 Dorenzo'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