

Police Use Only			Commonwealth of Massachusetts					RMV Document Number				
Date of Crash 01/03/2025	Time of Crash 1426 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude	Longitude	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:							
<div>11Route# 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>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of or Mile Marker Exit Number</div> <div>Feet NSEW of Route# Intersecting Roadway/Street</div> <div>Feet NSEW 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# 25-5-AC					
License # S92602447 St MA DOB/Age 10/10/1959						Reg # 4037ZX Reg Type PAN Reg State MA						
Sex F Lic. Class D1919 Lic. Restrictions 120 CDL Endorsement						Veh Year 2016 Veh Make SUBARU Veh Config. 121						
Operator BACZEWSKA, ANNA Last First Middle						Owner BACZEWSKI, BOGDAN Last First Middle						
Address 7 FALMOUTH ST APT 1						Address 7 FALMOUTH ST APT 1						
City WORCESTER State MA Zip 016**						City WORCESTER State MA Zip 01607-1313						
Insurance Company LIBERTY MUTUAL PERSONAL I						Vehicle Action Prior to Crash 222						
Vehicle Travel Direction: NSXW Responding to Emergency? 2						Event Sequence 123232323						
Citation # (If Issued)						Most Harmful Event 124						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 12525						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 02626						
Please fill out for operator and all occupants involved						Damaged Area Code: 102752727						
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						Test Status: 128						
Operator See Above						Type of Test: 029						
						BAC Test Result: 130						
						Susp. Alcohol: 231 Susp. Drug: 232						
						Towed from scene? 233						
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 # SA3500504 St MA DOB/Age 05/06/2003						Reg # 1NGS65 Reg Type PAN Reg State MA						
Sex F Lic. Class D1919 Lic. Restrictions 120 CDL Endorsement						Veh Year 2016 Veh Make MERCEDES-BENZ Veh Config. 121						
Operator RACHID, AML AHMAD Last First Middle						Owner RACHID, AML AHMAD Last First Middle						
Address 72 W DUDLEY RD						Address 72 W DUDLEY RD						
City DUDLEY State MA Zip 01571-6406						City DUDLEY State MA Zip 01571-6406						
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 122						
Vehicle Travel Direction: NSXW Responding to Emergency? 2						Event Sequence 123232323						
Citation # (If Issued)						Most Harmful Event 124						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 192525						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 02626						
Please fill out for operator and all occupants involved						Damaged Area Code: 1272727						
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						Test Status: 128						
Operator/Occupants See Above						Type of Test: 029						
						BAC Test Result: 130						
						Susp. Alcohol: 231 Susp. Drug: 232						
						Towed from scene? 133						

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

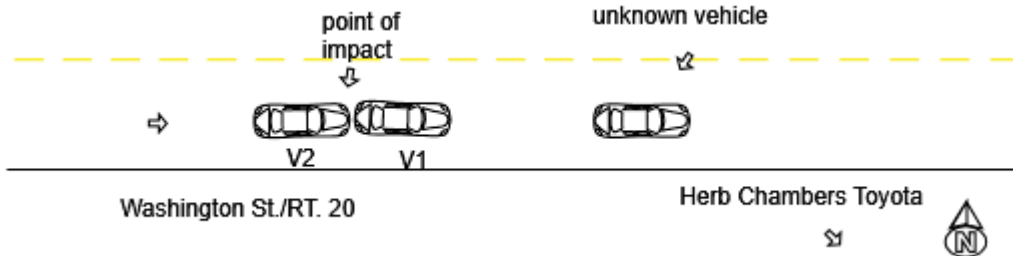
Crash Diagram:

ie: → 1 → 2 → ○ → ○

If Crash Did Not Occur on a Public Way:

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

↑ Arrow



Crash Narrative:

Vehicle 1 was slowing to a stop traveling eastbound on Washington St. (public way) due to an unknown vehicle stopping/turning in the area of Herb Chambers Toyota. Vehicle 2 was also traveling eastbound on Washington St. when it struck Vehicle 1 from the rear. Vehicle 1 was driveable, although Vehicle 2 was towed by Direnzo Towing. No injuries to report and no airbag deployment.

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 Derek P Courchaine

Police Officer Name (Please Print)

Signature

75DC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/03/2025

Date