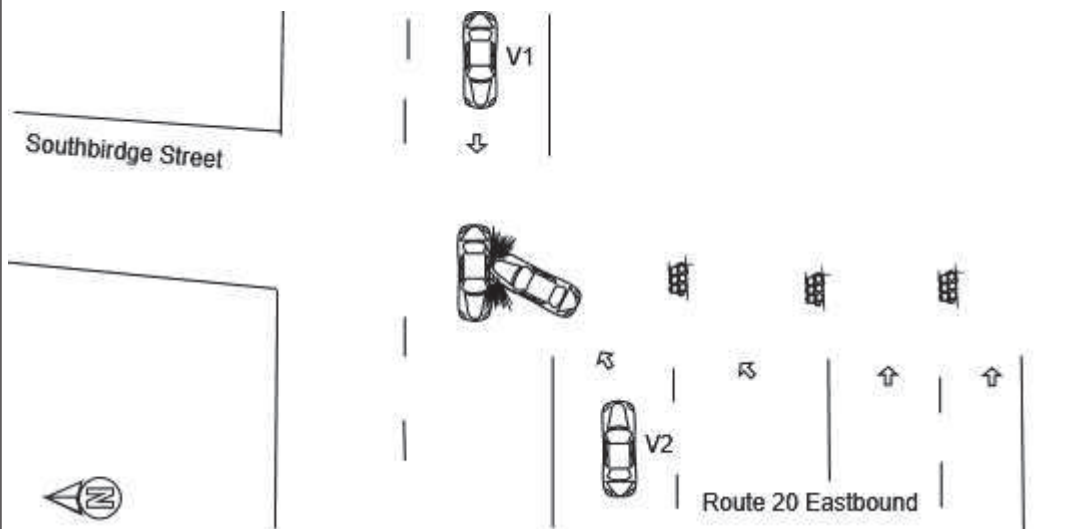



Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 02/02/2025		Time of Crash 1912 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
SOUTHBRIDGE ST Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																	
At WASHINGTON ST Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of or Mile Marker Exit Number																	
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# 25-48-AC															
License # SA2500318 St MA DOB/Age 08/20/2003						Reg # 1TFP81 Reg Type PC Reg State MA																	
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2011 Veh Make FORD Veh Config. 1 21																	
Operator WESSLING, RYAN MATTHEW Last First Middle						Owner WESSLING, TIFFANY LEE Last First Middle																	
Address 651 SUMMER ST						Address 651 SUMMER ST																	
City ABINGTON State MA Zip 02351-2523						City ABINGTON State MA Zip 02351-2523																	
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 1 22																	
Vehicle Travel Direction: N S E X Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 1 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26																	
Please fill out for operator and all occupants involved						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		2		X	
AIDYN MURPHY		87 CARROLL HILL RD CHARLTON, MA 01507-1513		10/13/2003		F		1		1		3		0		0		10		2		X	
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 # St DOB/Age						Reg # 637AS9 Reg Type PC Reg State MA																	
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21																	
Operator						Owner JANULEWICZ, KENNETH JOSEPH Last First Middle																	
Address						Address 5 BIRMINGHAM RD																	
City State Zip						City WORCESTER State MA Zip 01606-1508																	
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 4 22																	
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 1 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 20 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 4 26 26																	
Please fill out for operator and all occupants involved						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		1		3		0		0		10		1			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

	If Crash <u>Did Not</u> Occur on a Public Way:
	<input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way
Insert Arrow 	

Crash Narrative:

V1 was traveling west on Route 20. V2 took a left hand turn, ran a redlight at Route 20 at Southbridge Street and crashed into the side of V1.

"Motorola Watchguard camera footage is available from members of the Auburn Police Department who were involved in this call. Interviews and interactions that were preserved in other formats may be summarized in this report and should be reviewed independently for complete details. This report does not include a complete verbatim transcription of information discussed. It contains the pertinent portions relevant to this investigation, which may not be in the exact order of the event."

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CHENIER SARA B	35 ORCHARD ST SOUTHBRIDGE MA 01550		

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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/02/2025

Date