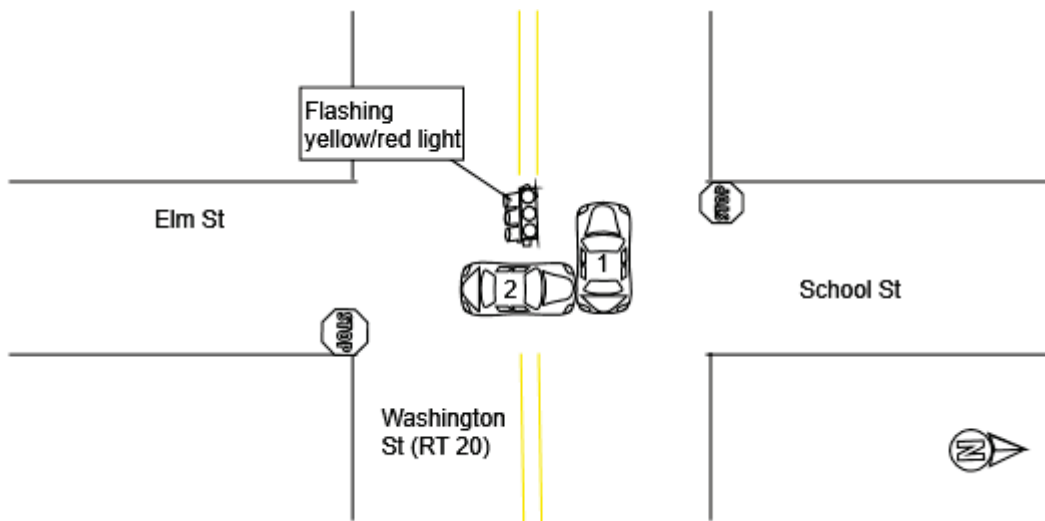


Police Use Only			Commonwealth of Massachusetts						RMV Document Number							
Date of Crash 09/27/2025		Time of Crash 1738 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2		Number Injured 0		Speed Limit 50 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
WASHINGTON ST Route# Direction Name of Roadway/Street At ELM ST 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 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-317-AC								
License # S89849368 St MA DOB/Age 04/10/1940 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator CYBULSKI, CARL J Address 128 POPLAR ST City CHICOPEE State MA Zip 01013-1444 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Travel Direction: N S E X 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 # 7FK472 Reg Type PC Reg State MA Veh Year 2026 Veh Make HONDA Veh Config. 1 Owner CYBULSKI, CARL J Address 128 POPLAR ST City CHICOPEE State MA Zip 01013-1444 Vehicle Action Prior to Crash 1 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: 7 27 4 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 See Above																
DIANNE CYBULSKI 128 POPLAR ST CHICOPEE, MA 01013-0000 01/29/1942 F 3 1 4 0 0 10 1																
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 # S71644530 St MA DOB/Age 08/06/1948 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator LEAVITT, GAIL MARIE Address 193 CHIPPINGSTONE RD City CHATHAM State MA Zip 02633-1205 Insurance Company GOVERNMENT EMPLOYEES INSU 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 # 124RV8 Reg Type PC Reg State MA Veh Year 2019 Veh Make TOYOTA Veh Config. 1 Owner LEAVITT, GAIL MARIE Address 193 CHIPPINGSTONE RD City CHATHAM State MA Zip 02633-1205 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 19 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

Indicate Direction of Travel with Arrow



### Crash Narrative:

Vehicle 1 was traveling West on Rt 20. Vehicle 2 was attempting to cross Rt 20 from Elm St to School St. There is a traffic control signal at this intersection that flashes yellow to all traffic on RT 20 and red to traffic on Elm and School St. The operator of V2 stated she did not see V1 and began to cross the intersection, colliding with V1.

### 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

09/27/2025

Date