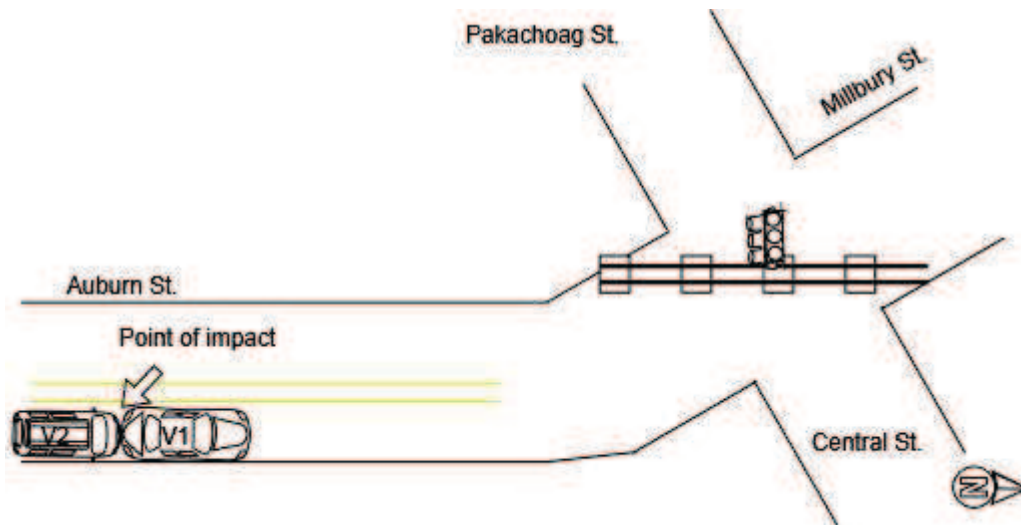


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 07/15/2026		Time of Crash 1541 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		☐ ☒ ☐ ☐	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction Name of Roadway/Street At 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 2 MILLBURY ST Feet ☒ 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:		☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-268-AC									
License # St. DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator WALCZAK, CHERYL LYNN Address 125 OLD WEBSTER RD City OXFORD State MA Zip 01540-2707 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Travel Direction: ☒ 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 # DR2991 Reg Type PC Reg State MA Veh Year 2020 Veh Make VOLKSWAGEN Veh Config. 1 21 Owner WALCZAK, LUKE MARTIN Address 125 OLD WEBSTER RD City OXFORD State MA Zip 01540-2707 Vehicle Action Prior to Crash 2 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: 5 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 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	4	0	0	10	1			
Please Select One of the Following:		☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.									
License # St. DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator DASKOWSKI, ANTHONY ANDREW Address 46 1/2 MAIN ST City SUTTON State MA Zip 01590-1608 Insurance Company AMICA MUTUAL INSURANCE CO Vehicle Travel Direction: ☒ 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 # ANTDHD Reg Type PC Reg State MA Veh Year 2021 Veh Make JEEP Veh Config. 1 21 Owner DASKOWSKI, ANTHONY ANDREW Address 46 1/2 MAIN ST City SUTTON State MA Zip 01590-1608 Vehicle Action Prior to Crash 2 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 19 25 25 Driver Distracted by 3 26 26 Damaged Area Code: 1 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 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	1	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

Insert Arrow



Crash Narrative:

While approaching a traffic light on Auburn St. V1 was slowing down to come to a stop while in heavy traffic. V2 was directly behind V1. Due to V2 being on a cellular device he did not realize V1 had stopped due to the flow of traffic. V2 crashed into the rear end of V1. There were no reported injuries, and both vehicles were able to leave without a tow.

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 Jason P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

07/15/2026

Date