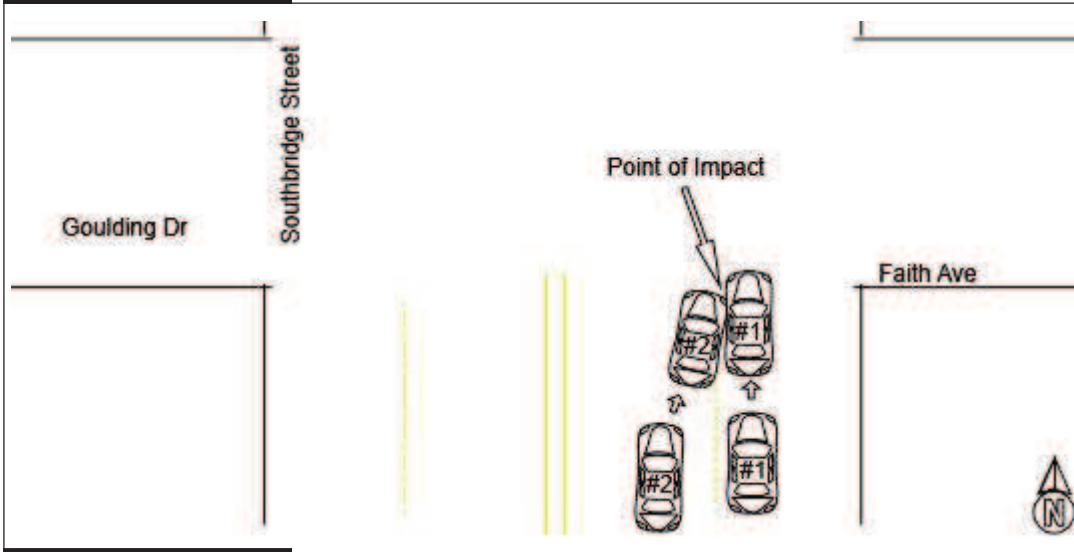


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 12/22/2025		Time of Crash 1243 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction SOUTHBRIDGE ST Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of . or Exit Number											
Route# Direction FAITH AVE Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with						Feet N S E W of											
Route# Direction Name of Intersecting Roadway/Street						Landmark											
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# 25-458-AC									
License # S86087930 St MA DOB/Age 06/20/1960						Reg # VTGS11 Reg Type PAS Reg State MA											
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2014 Veh Make TOYOTA Veh Config. 1 21											
Operator ZABLOCKI, JOHN P Last First Middle						Owner ZABLOCKI, JOHN P Last First Middle											
Address 95 PIERPONT RD						Address 95 PIERPONT RD											
City DUDLEY State MA Zip 01571-5737						City DUDLEY State MA Zip 01571-5737											
Insurance Company AMICA MUTUAL INSURANCE CO						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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						Driver Contributing Code 1 25 25						BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved						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						Towed from scene? 2 33					
Operator						See Above						1 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 # St DOB/Age						Reg # 7CCN59 Reg Type PAN Reg State MA											
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2007 Veh Make LEXUS Veh Config. 1 21											
Operator						Owner CURRAN, SHAWN GEORGE FARRELL Last First Middle											
Address						Address 5 LEIGHTON AVE											
City State Zip						City CLINTON State MA Zip 01510-2112											
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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						Driver Contributing Code 19 25 25						BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved						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						Towed from scene? 2 33					
Operator/Occupants						See Above						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

↑ Arrow

Crash Narrative:

V#1 WAS TRAVELING NORTHBOUND ON SOUTHBRIDGE STREET (PUBLIC WAY) IN THE RIGHT LANE. V#2 WAS TRAVELING ON SOUTHBRIDGE STREET NORTHBOUND IN THE LEFT LANE. THE OPERATOR OF V#2 STATED THAT THEY WERE TRYING TO MOVE OVER INTO THE RIGHT LANE IN PREPERATION TO TURN AND WHEN THEY STARTED TO CHNAGE LANES, THEY COLLIDED WITH V#1. NO INJURIES WERE NEEDED TO BE REPORTED. V#2 WAS LATER TOWED FROM THE SCENE WHEN WE GOT IT OFF THE ROADWAY.

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 Alex K Myers

Police Officer Name (Please Print)

Signature

89AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/22/2025

Date