

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash 12/22/2025	Time of Crash 1243 24HR	City/Town Auburn	Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other: _____
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AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

SOUTHBRIDGE ST

1 1 Route# Direction Name of Roadway/Street  
At

FAITH AVE

Route# Direction Name of Intersecting Roadway/Street  
Also at Intersection with

2 1 Route# Direction Name of Intersecting Roadway/Street

3 Please Select One of the Following:  Vehicle 1 1 #Occupants  Hit/Run  Moped

Route# Direction Address # Name of Roadway/Street

Feet  N  S  E  W of \_\_\_\_\_ • \_\_\_\_\_ or \_\_\_\_\_

Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

Feet  N  S  E  W of \_\_\_\_\_Feet  N  S  E  W of \_\_\_\_\_ Route# \_\_\_\_\_

Intersecting Roadway/Street \_\_\_\_\_

Landmark \_\_\_\_\_

License # S86087930 St MA DOB/Age 06/20/1960

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Endorsement

Operator ZABLOCKI, JOHN P

Last First Middle

Address 95 PIERPONT RD

City DUDLEY State MA Zip 01571-5737

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 # VTGS11 Reg Type PAS Reg State MA

Veh Year 2014 Veh Make TOYOTA Veh Config. 1 21

Owner ZABLOCKI, JOHN P

Last First Middle

Address 95 PIERPONT RD

City DUDLEY State MA Zip 01571-5737

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 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? 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

7 2 Please Select One of the Following:  Vehicle 2 1 #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_

Sex \_\_\_\_\_ Lic. Class D 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Endorsement

Operator \_\_\_\_\_

Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company PROGRESSIVE DIRECT INSURA

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 # 7CCN59 Reg Type PAN Reg State MA

Veh Year 2007 Veh Make LEXUS Veh Config. 1 21

Owner CURRAN, SHAWN GEORGE FARRELL

Last First Middle

Address 5 LEIGHTON AVE

City CLINTON State MA Zip 01510-2112

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 99 26 26

Damaged Area Code: 2 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? 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

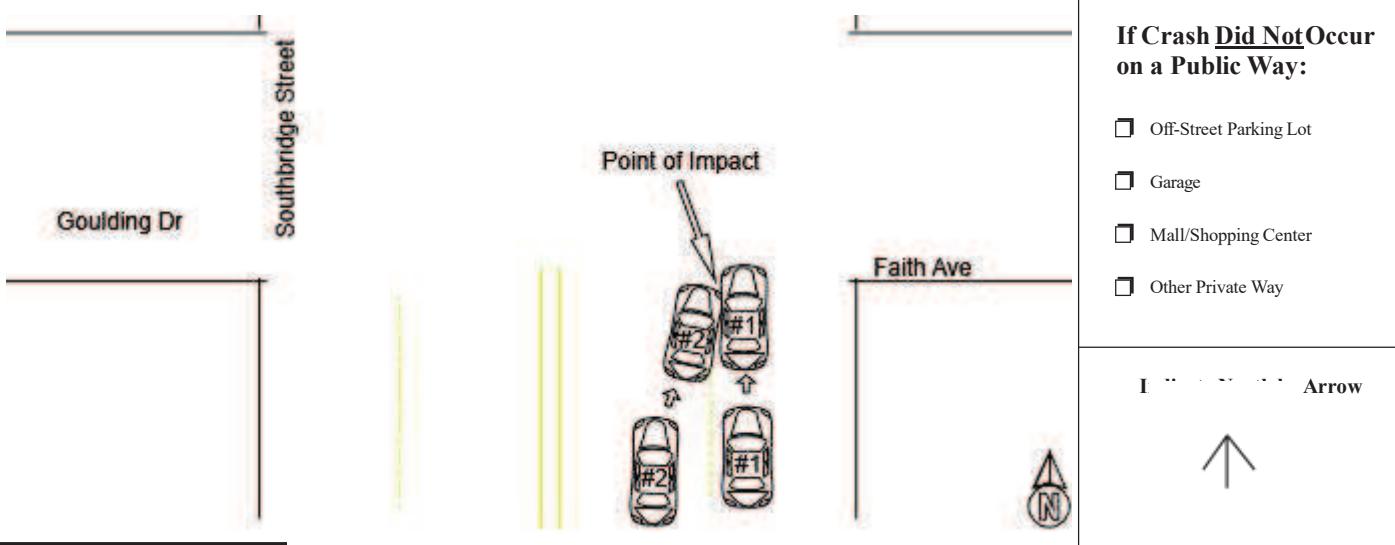
See Above

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

I → Arrow

**Crash Narrative:**

V#1 WAS TRAVELING NORTHBOUND ON SOUTHBIDGE STREET (PUBLIC WAY) IN THE RIGHT LANE. V#2 WAS TRAVELING ON SOUTHBIDGE STREET NORTHBOUND IN THE LEFT LANE. THE OPERATOR OF V#2 STATED THAT THEY WERE TRYING TO MOVE OVER INTO THE RIGHT LANE IN PREPARATION TO TURN AND WHEN THEY STARTED TO CHANGE 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