

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:

< LOCATION >

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

Damaged Area Code: 7 27 27 27

Event Sequence 1 23 23 23 23

Test Status: 1 28

Most Harmful Event 1 24

Type of Test: 29

Driver Contributing Code 1 25 25

BAC Test Result: 30

Driver Distracted by 0 26 26

Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

1 13

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

1	1	4	0	0	10	1
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7 2 Please Select One of the Following: Vehicle 2 1 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # [REDACTED] St [REDACTED] DOB/Age [REDACTED]

Sex [REDACTED] Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement

Operator [REDACTED]

Last First Middle

Address [REDACTED]

City [REDACTED] State [REDACTED] Zip [REDACTED]

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

Damaged Area Code: 2 27 27 27

Event Sequence 1 23 23 23 23

Test Status: 1 28

Most Harmful Event 1 24

Type of Test: 29

Driver Contributing Code 19 25 25

BAC Test Result: 30

Driver Distracted by 99 26 26

Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

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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

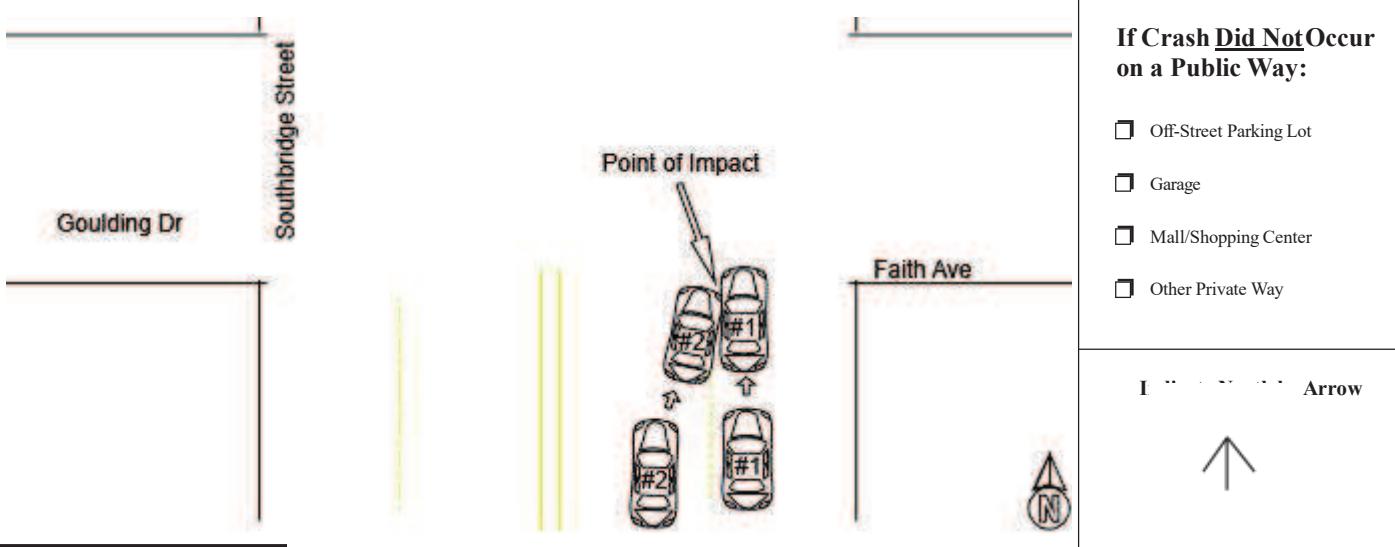
See Above

1	1	4	0	0	10	1
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→ = 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