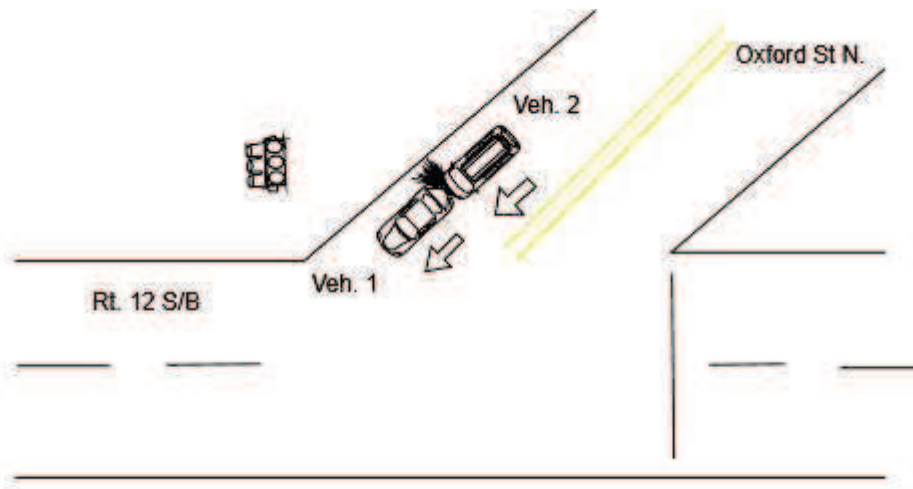


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 09/23/2025		Time of Crash 0818 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction OXFORD STREET NO Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of . or Exit Number											
Route# Direction SOUTHBRIDGE ST 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# 25-309-AC									
License # S88999197 St MA DOB/Age 10/06/1987						Reg # 6SWE29 Reg Type PC Reg State MA											
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2012 Veh Make FORD Veh Config. 1 21											
Operator ABRAZINSKI, JOSEPH P Last First Middle						Owner ABRAZINSKI, JOSEPH P Last First Middle											
Address 33 CAMP ST						Address 33 CAMP ST											
City WORCESTER State MA Zip 01603-2806						City WORCESTER State MA Zip 01603-2806											
Insurance Company QUINCY MUTUAL FIRE INSURA						Vehicle Action Prior to Crash 2 22						Damaged Area Code: 5 27 27 27					
Vehicle Travel Direction: N X E 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: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25						BAC Test Result: 1 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						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 # S60116827 St MA DOB/Age 11/16/1967						Reg # W19541 Reg Type CO Reg State MA											
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2022 Veh Make FORD Veh Config. 1 21											
Operator BERBERIAN, DAVID E Last First Middle						Owner COMPLIANCE SOLUTIONS INC Last First Middle											
Address 318 RIVER ST						Address BX 431											
City LEICESTER State MA Zip 01524-1728						City ROCHDALE State MA Zip 01542-0431											
Insurance Company PROGRESSIVE CASUALTY INSU						Vehicle Action Prior to Crash 2 22						Damaged Area Code: 0 27 27 27					
Vehicle Travel Direction: N X E 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: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25						BAC Test Result: 1 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:

Vehicle one and vehicle two were stopped at a red light while traveling south on Oxford st N (public way). Vehicle two proceeded before vehicle one, as a result vehicle two struck vehicle one.

Both operators declined medical attention. Both vehicles were drivable.

### 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 Stephen Koopman

Police Officer Name (Please Print)

Signature

80SK

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

09/23/2025

Date