

Date of Crash **03/05/2026** Time of Crash **1310** 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# **480** Direction _____ Address # **OXFORD STREET NO** Name of Roadway/Street _____

_____ Feet **N 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 **12** #Occupants Hit/Run Moped **Crash Report ID# 26-105-AC**

License # _____ St. _____ DOB/Age _____ Reg # **109304** Reg Type **SPN** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2017** Veh Make **FORD** Veh Config. **5 21**

Operator **GASIOROWSKI, MARIAN RYSZARD** Owner **A A TRANSPORTATION CO INC**

Address **20 THISTLE HILL DR** Address **605 HARTFORD TPKE**

City **SHREWSBURY** State **MA** Zip **01545-4077** City **SHREWSBURY** State **MA** Zip **01545-4103**

Insurance Company **NEW YORK MARINE AND GENER** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **3 27 27 27**

Vehicle Travel Direction: S 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 **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **2 33**

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
Operator		See Above	X	X	1	1	4	0	0	10	1
_____		_____	M	7	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 _____ Reg # **6EWS19** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2020** Veh Make **BMW** Veh Config. **1 21**

Operator **KRAVCHENKO, SERGEY** Owner **KRAVCHENKO, SERGEY**

Address **2 HAWTHORNE PL APT 15H** Address **2 HAWTHORNE PL APT 15H**

City **BOSTON** State **MA** Zip **02114-2315** City **BOSTON** State **MA** Zip **02114-2315**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 27 27**

Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**

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Operator/Occupants		See Above	X	X	1	1	4	0	0	10	1

