

Police Use Only

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash
12/05/2024Time of Crash
1734
24HRCity/Town
AuburnNumber
Vehicles
2Number
Injured
0Speed Limit
30State Police
Local Police
MBTA Police
Campus Police
Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 4	Route# _____ At _____	Route# _____ Feet _____ Feet _____ N S E W of _____	Address # _____ Mile Marker _____ or _____	2 10
2 1	Route# _____ Also at Intersection with _____	Feet _____ Feet _____ N S E W of _____	Route# _____ Intersecting Roadway/Street _____	4 11
3	Route# _____ Name of Intersecting Roadway/Street _____	Feet _____ Feet _____ N S E W of _____	Landmark _____	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 24-438-AC
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License # S96265864 St MA DOB/Age 09/09/1955	Reg # 5KF283	Reg Type PC	Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement	Veh Year 2011	Veh Make TOYOTA	Veh Config. 1 21

Operator ABRAMS, PATRICIA A Last First Middle	Address 113 WASHINGTON ST APT #41	Owner ABRAMS, PATRICIA A Last First Middle
AUBURN	MA	AUBURN
City AUBURN State MA Zip 01501-3032	State MA Zip 01501-3032	

Insurance Company THE STANDARD FIRE INSURAN	Vehicle Action Prior to Crash 4 22	Damaged Area Code: 2 27 27 27
Vehicle Travel Direction: N S X 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			
Name (Last First Middle)	Address	DOB/Age	Sex
Operator	See Above	1 1 4	0 0 10 1

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.
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License # S24922786 St MA DOB/Age 11/03/1947	Reg # 6LV758	Reg Type PC	Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement	Veh Year 2018	Veh Make TOYOTA	Veh Config. 2 21

Operator BARKOWSKI, STANISLAW Last First Middle	Address 4 ALDENA RD	Owner BARKOWSKI, STANISLAW Last First Middle
AUBURN	MA	AUBURN
City WORCESTER State MA Zip 01603-1128	State MA Zip 01603-1128	

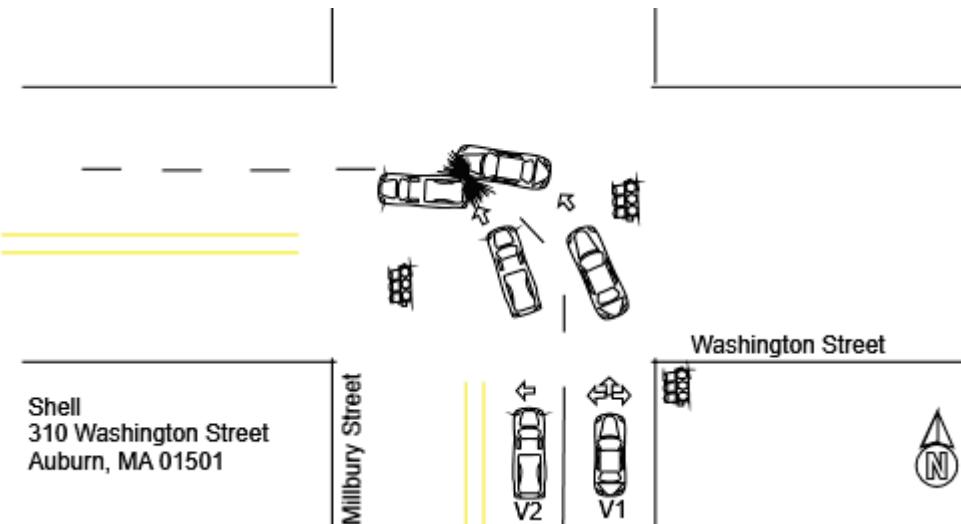
Insurance Company SAFECO INSURANCE COMPANY	Vehicle Action Prior to Crash 4 22	Damaged Area Code: 97 27 27 27
Vehicle Travel Direction: N S X W Responding to Emergency? 2	Event Sequence 1 23 23 23 23	Test Status: 1 28
Citation # (If Issued) _____	Most Harmful Event 1 24	Type of Test: 0 29
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Please fill out for operator and all occupants involved			
Name (Last First Middle)	Address	DOB/Age	Sex
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

I _____ Arrow

Crash Narrative:

V1 and V2 were at the intersection of Millbury Street at Washington Street. When the traffic light turned green, both V1 and V2 took a left hand turn. The rear passenger side tire of V1 sideswiped the front driver side of V2.

"Motorola Watchguard camera footage is available from members of the Auburn Police Department who were involved in this call. Interviews and interactions that were preserved in other formats may be summarized in this report and should be reviewed independently for complete details. This report does not include a complete verbatim transcription of information discussed. It contains the pertinent portions relevant to this investigation, which may not be in the exact order of the event."

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 David Ljunggren

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/05/2024

Date