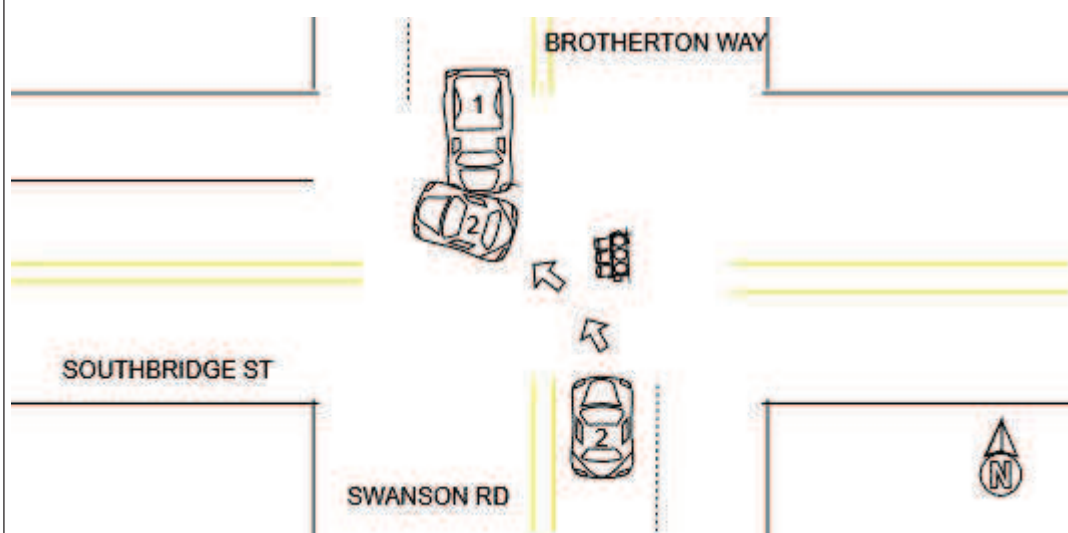


Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 03/24/2025		Time of Crash 1658 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30		State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
SWANSON RD																
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street										
At																
SOUTHBRIDGE ST						Feet N S E W of or Mile Marker Exit Number										
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street										
Also at Intersection with																
Route# Direction Name of Intersecting Roadway/Street						Landmark										
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-110-AC								
License # SA9050024 St MA DOB/Age 07/11/2004						Reg # 3VCK62 Reg Type PC Reg State MA										
Sex M Lic. Class 19 19 Lic. Restrictions 99 20 CDL Endorsement						Veh Year 2011 Veh Make GMC Veh Config. 1 21										
Operator QUERY, DOMINIC FREDRICK						Owner QUERY, DOMINIC FREDRICK										
Address 300 LEICESTER ST						Address 300 LEICESTER ST										
City AUBURN State MA Zip 01501-1409						City AUBURN State MA Zip 01501-1409										
Insurance Company PILGRIM INSURANCE COMPANY						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27										
Vehicle Travel Direction: N S E X 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: 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										
Please fill out for operator and all occupants involved						Towed from scene? 2 33										
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										
ZACHARY SCHEIBLE 40 BRYN MAWR AVE AUBURN, MA 01501-1648						05/10/2005 M 11 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 # S57104696 St MA DOB/Age 12/17/1991						Reg # 2MWM27 Reg Type PC Reg State MA										
Sex F Lic. Class 19 19 Lic. Restrictions 99 20 CDL Endorsement						Veh Year 2017 Veh Make VOLKSWAGEN Veh Config. 1 21										
Operator WESTERLIND, CASEY LELAND						Owner WESTERLIND, CASEY LELAND										
Address 9 KOSTA ST APT 3						Address 9 KOSTA ST APT 3										
City WORCESTER State MA Zip 01601						City WORCESTER State MA Zip 01601										
Insurance Company GEICO GENERAL INSURANCE C						Vehicle Action Prior to Crash 4 22 Damaged Area Code: 3 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) T3622823						Most Harmful Event 1 24 Type of Test: 29										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 25 BAC Test Result: 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						Towed from scene? 1 33										
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										

→ = 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

Intersection Arrow



Crash Narrative:

V1 WAS TRAVELING STRAIGHT THROUGH THE INTERSECTION. V2 WAS MAKING A LEFT TURN FROM SWANSON ROAD ONTO SOUTHBRIDGE STREET. V2 STATED THEY BEGAN MAKING THE LEFT TURN AND DID NOT SEE V1. V1 STRUCK THE PASSENGER SIDE OF V2 IN INTERSECTION.

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 Brandyn J Geldart

Police Officer Name (Please Print)

Signature

86BG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

03/24/2025

Date