Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Type
09/02/2026	1433 (24HR)	Auburn	2	0	30			Local Police

Police Type: ☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

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

NOT AT INTERSECTION:

Route# | Direction | 380 (Address #) | SOUTHBRIDGE ST (Name of Roadway/Street)

_____ Feet [N S E W] of — — — • — (Mile Marker) or _____ (Exit Number)

_____ Feet [N S E W] of _____ (Route#) SWANSON RD (Intersecting Roadway/Street)

_____ Feet [N S E W] of _____ (Landmark)

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped — **Crash Report ID#** 26-341-AC

Vehicle 1 — Operator / Owner

License # [redacted] St [redacted] DOB/Age [redacted] Sex [redacted] Lic. Class [redacted] Lic. Restrictions [redacted] CDL Endorsement

Operator [redacted] (Last First Middle)

Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Insurance Company: AMICA MUTUAL INSURANCE CO

Vehicle Travel Direction: N ☒ 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 # 4RVH31 Reg Type PC Reg State MA

Veh Year 2013 Veh Make TOYOTA Veh Config. 1

Owner FITZGERALD, COLIN PATRICK (Last First Middle)

Address 10 ROBERTSON RD

City AUBURN State MA Zip 01501-2410

Vehicle Action Prior to Crash: 4

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 19 | 6

Driver Distracted by: 99

Damaged Area Code: 8 | 1

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 — Susp. Drug: 2

Towed from scene? 1

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	[redacted]	[redacted]	1	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2 — Operator / Owner

License # [redacted] St [redacted] DOB/Age [redacted] Sex M Lic. Class D | | Lic. Restrictions 1 CDL Endorsement

Operator STASIEWICZ, JAROSLAW (Last First Middle)

Address 18 CATALPA CIR

City WORCESTER State MA Zip 01603-1841

Insurance Company: THE COMMERCE INSURANCE CO

Vehicle Travel Direction: ☒ S E W — Responding to Emergency? 2

Citation # (If Issued) 518983AE

Viol. 1: Ch/Sec/Sub 90 24I Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 1MYR88 Reg Type PC Reg State MA

Veh Year 2025 Veh Make MITSUBISHI Veh Config. 1

Owner STASIEWICZ, JAROSLAW (Last First Middle)

Address 18 CATALPA CIR

City WORCESTER State MA Zip 01603-1841

Vehicle Action Prior to Crash: 1

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 99

Damaged Area Code: 2 | 27 | 27

Test Status: 3

Type of Test: 2

BAC Test Result: 4

Susp. Alcohol: 1 — Susp. Drug: 2

Towed from scene? 1

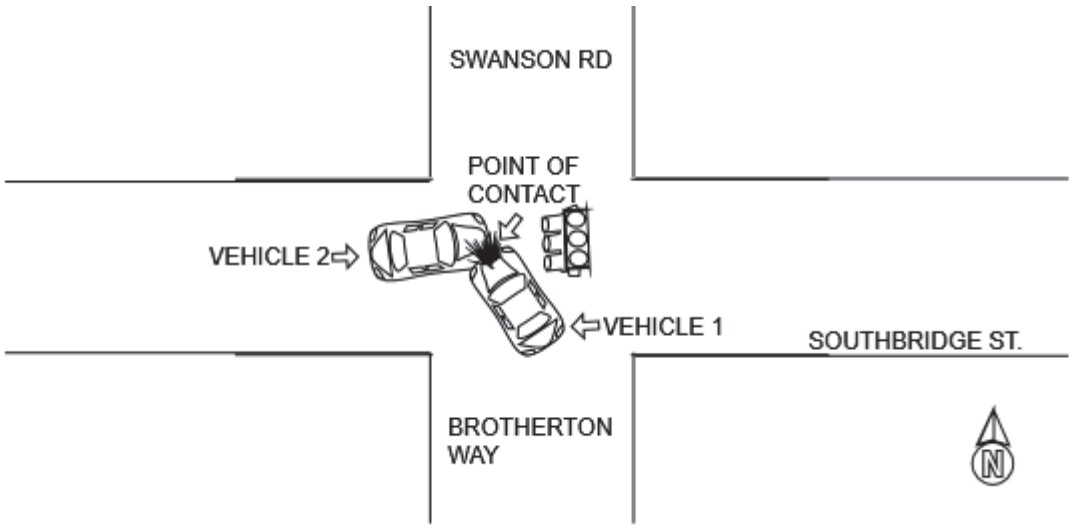
Please fill out for operator and all occupants involved

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	[redacted]	[redacted]	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[illegible] Arrow

Crash Narrative:

On September 2, 2026, at approximately 2:30 PM, I Officer Rattray was dispatched to a motor vehicle crash in the intersection of Southbridge St. and Swanson Rd. Upon arrival, I spoke with the operator of vehicle 1. Operator 1 stated she was attempting to make a left turn onto Southbridge St. from Brotherton Way, with a yellow flashing arrow. Operator 1 stated while taking the left 2 vehicle was approaching quickly and she did not have enough time to stop. I spoke with the operator of vehicle 2. Operator 2 was traveling straight ahead and did not have time to stop. Operator 2 did admit to consuming alcoholic beverages while operating the motor vehicle. Operator 2 conducted Standard field sobriety test and a portable breathalyer. Operator 2 was under the legal limit and issued a citation for the open container. Both vehicle were towed from the scene by Direnzo's Towing Company and both operators were not transported.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DARCHE MICHAEL J	26 OAKWOOD AVE AUBURN MA 01501	[redacted]	

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 Matthew Rattray		95MR	Auburn Police Department		09/02/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date