

Police Use Only			Commonwealth of Massachusetts					RMV Document Number					
Date of Crash 08/22/2025	Time of Crash 1355 24HR	City/Town Auburn	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude	Longitude	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:								
<div>11Route#DirectionName of Roadway/StreetAt</div> <div>21Route#DirectionName of Intersecting Roadway/StreetAlso at Intersection with</div> <div>3Route#DirectionName of Intersecting Roadway/Street</div>						<div>210Route#DirectionAddress #Name of Roadway/Street</div> <div>111FeetNSEWofMile MarkerExit Number</div> <div>1FeetNSEWofRoute#Intersecting Roadway/Street</div> <div>FeetNSEWofLandmark</div>							
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# 25-272-AC						
License # S60047144St MA DOB/Age 09/09/1948						Reg # 3ALB74Reg Type PCReg State MA							
Sex M Lic. Class D1919 Lic. Restrictions 120 CDL Endorsement						Veh Year 2012Veh Make HONDAVeh Config. 121							
Operator RZUCIDLO, EDWARD JLastFirstMiddle						Owner RZUCIDLO, SUSAN JOANNELastFirstMiddle							
Address 1 HERITAGE DR						Address 1 HERITAGE DR							
City AUBURNState MA Zip 01501-3332						City AUBURNState MA Zip 01501-3332							
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 122							
Vehicle Travel Direction: N S X W Responding to Emergency? 1						Event Sequence 123232323							
Citation # (If Issued)						Most Harmful Event 124							
Viol. 1: Ch/Sec/SubViol. 2: Ch/Sec/Sub						Driver Contributing Code 12525							
Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub						Driver Distracted by 02626							
Please fill out for operator and all occupants involved						Damaged Area Code: 6272727							
Name (Last First Middle)AddressDOB/AgeSex34 Seat Pos.35 Safety System36 Airbag Status37 Eject Code38 Trap Code39 Injury Status40 Transp. CodeMedical Facility						Test Status: 128							
OperatorSee Above						Type of Test: 029							
						BAC Test Result: 130							
						Susp. Alcohol: 31Susp. Drug: 32							
						Towed from scene? 233							
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 # S69634630St MA DOB/Age 12/11/1977						Reg # 36GM53Reg Type PCReg State MA							
Sex F Lic. Class D1919 Lic. Restrictions 120 CDL Endorsement						Veh Year 2018Veh Make FORDVeh Config. 121							
Operator TAYLOR, TAMI LYNLastFirstMiddle						Owner TAYLOR, TAMI LYNLastFirstMiddle							
Address 19 DOLAN RD						Address 19 DOLAN RD							
City MILLBURYState MA Zip 01527-1340						City MILLBURYState MA Zip 01527-1340							
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 122							
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 123232323							
Citation # (If Issued)						Most Harmful Event 124							
Viol. 1: Ch/Sec/SubViol. 2: Ch/Sec/Sub						Driver Contributing Code 112525							
Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub						Driver Distracted by 02626							
Please fill out for operator and all occupants involved						Damaged Area Code: 2272727							
Name (Last First Middle)AddressDOB/AgeSex34 Seat Pos.35 Safety System36 Airbag Status37 Eject Code38 Trap Code39 Injury Status40 Transp. CodeMedical Facility						Test Status: 128							
Operator/OccupantsSee Above						Type of Test: 029							
						BAC Test Result: 130							
						Susp. Alcohol: 231Susp. Drug: 32							
						Towed from scene? 233							

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ○ = Bicycle

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

Vehicle 2

Vehicle 1

FLEX  
CAR

### If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Insert Arrow



### Crash Narrative:

Vehicle 1 was yielding to a vehicle taking a left into Flex car. Vehicle 2 did not stop fast enough and drove into the backside of vehicle 1. Both vehicles were able to pull into Flex Car.

### 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 Andrew F Markvenas

Police Officer Name (Please Print)

Signature

93AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/22/2025

Date