Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town
01/17/2026	0715	**Auburn**
	24HR	

Number Vehicles	Number Injured
1	0

Speed Limit __30__
Latitude _____
Longitude _____

- 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 ____ Address # **768** Name of Roadway/Street **WASHINGTON ST**

____ Feet | N S E W | of ___ - ___ • ___ or ____ Exit Number
Mile Marker

____ Feet | N S E W | of ____
____ Feet | N S E W | of ____
Route# ____ Intersecting Roadway/Street ____
Landmark ____

2 [10]
4 [11]

Please Select One of the Following: ☒ Vehicle 1 __1__ #Occupants ____ ☐ Hit/Run ☐ Moped

Crash Report ID# 26-27-AC

License # ▮▮▮▮▮ St ▮▮ DOB/Age ▮▮▮▮▮
Sex **M** Lic. Class **A** [19][19] Lic. Restrictions **B** [20] CDL **T** Endorsement

Reg # **9EE213** Reg Type **PC** Reg State **MA**
Veh Year **2010** Veh Make **FORD** Veh Config. **1** [21]

Operator LIND, JOSEPH
Last ____ First ____ Middle ____
Address **55 FRANCIS ST**
City **WORCESTER** State **MA** Zip **01606-3119**

Owner PIZARRO, ESTHER
Last ____ First ____ Middle ____
Address **55 FRANCIS ST**
City **WORCESTER** State **MA** Zip **01606-3119**

Insurance Company **PROGRESSIVE CASUALTY INSU**

Vehicle Travel Direction: | N S E ☒ |
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 ____

Vehicle Action Prior to Crash **1** [22]
Event Sequence **20** [23] **__** [23] **__** [23] **__** [23]
Most Harmful Event **20** [24]
Driver Contributing Code **1** [25] **__** [25]
Driver Distracted by **0** [26] **__** [26]

Damaged Area Code: **8** [27] **__** [27] **__** [27]
Test Status: **1** [28]
Type of Test: **0** [29]
BAC Test Result: **1** [30]
Susp. Alcohol: **2** [31] Susp. Drug: **2** [32]
Towed from scene? **1** [33]

4 [12]
20 [13]

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	✕	✕	1	1	4	0	0	10	1	

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

License # ____ St ____ DOB/Age ____
Sex ____ Lic. Class ____ [19][19] Lic. Restrictions ____ [20] CDL ____ Endorsement

Reg # ____ Reg Type ____ Reg State ____
Veh Year ____ Veh Make ____ Veh Config. ____ [21]

Operator ____
Last ____ First ____ Middle ____
Address ____
City ____ State ____ Zip ____

Owner ____
Last ____ First ____ Middle ____
Address ____
City ____ State ____ Zip ____

Insurance Company ____

Vehicle Travel Direction: | N S E W |
Responding to Emergency? ____
Citation # (If Issued) ____
Viol. 1: Ch/Sec/Sub ____ Viol. 2: Ch/Sec/Sub ____
Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____

Vehicle Action Prior to Crash ____ [22]
Event Sequence ____ [23] ____ [23] ____ [23] ____ [23]
Most Harmful Event ____ [24]
Driver Contributing Code ____ [25] ____ [25]
Driver Distracted by ____ [26] ____ [26]

Damaged Area Code: ____ [27] ____ [27] ____ [27]
Test Status: ____ [28]
Type of Test: ____ [29]
BAC Test Result: ____ [30]
Susp. Alcohol: ____ [31] Susp. Drug: ____ [32]
Towed from scene? ____ [33]

4 [14]

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	✕	✕	1							

Crash Diagram:

→ = Direction | 1 | = Vehicle 1 | 2 | = Vehicle 2   ⚥ = Pedestrian   🚲 = Bicycle

ie: → | 1 | → | 2 | → ⚥   → 🚲

290W off ramp onto RT20

N

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑

Crash Narrative:

The car was on the 290W Off Ramp merging onto Route 20. The car started to slide and hit the curb damaging the front left tire, making it undrivable. The roads were coated in snow.

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 Grace Griffin		98GG	Auburn Police Department		01/17/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

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