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
08/29/2026	1624 (24HR)	Auburn	2	2	40			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 # | Name of Roadway/Street: SOUTHBRIDGE ST

Feet | N S E W of | Mile Marker | or Exit Number

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

0 Feet | N X E W of | Landmark: OCEAN STATE JOB LOT

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

Crash Report ID# 26-337-AC

License # [redacted] St [redacted] DOB/Age [redacted]
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement
Operator MARTINEZ, CHRISTOPHER (Last First Middle)
Address 22 FAIRMONT AVE APT 1
City WORCESTER State MA Zip 01604-3012
Insurance Company GOVERNMENT EMPLOYEES INSU
Vehicle Travel Direction: N X 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 # 7PLB40 Reg Type PAN Reg State MA
Veh Year 2014 Veh Make TOYOTA Veh Config. 1
Owner MORALES, JOSEFINA A (Last First Middle)
Address 77 COOMBS ST APT 1
City SOUTHBRIDGE State MA Zip 01550-2878
Vehicle Action Prior to Crash 1
Event Sequence 1 23 23 23 23
Most Harmful Event 1
Driver Contributing Code 1 25 25
Driver Distracted by 0 26 26

Damaged Area Code: 1 27 11 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 1 33

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	X	X	1	1	1	0	0	9	1	

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

License # [redacted] St [redacted] DOB/Age [redacted]
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement
Operator LUCE, ALIZA ROSE (Last First Middle)
Address 67 RIDGE RD
City UPTON State MA Zip 01568-1029
Insurance Company THE COMMERCE INSURANCE CO
Vehicle Travel Direction: N S X 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 # 3ZTH99 Reg Type PAN Reg State MA
Veh Year 2015 Veh Make BMW Veh Config. 1
Owner GARREPY, HEATHER ROSE (Last First Middle)
Address 67 RIDGE RD
City UPTON State MA Zip 01568-1029
Vehicle Action Prior to Crash 6
Event Sequence 1 23 23 23 23
Most Harmful Event 1
Driver Contributing Code 4 25 25
Driver Distracted by 99 26 26

Damaged Area Code: 1 27 11 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 1 33

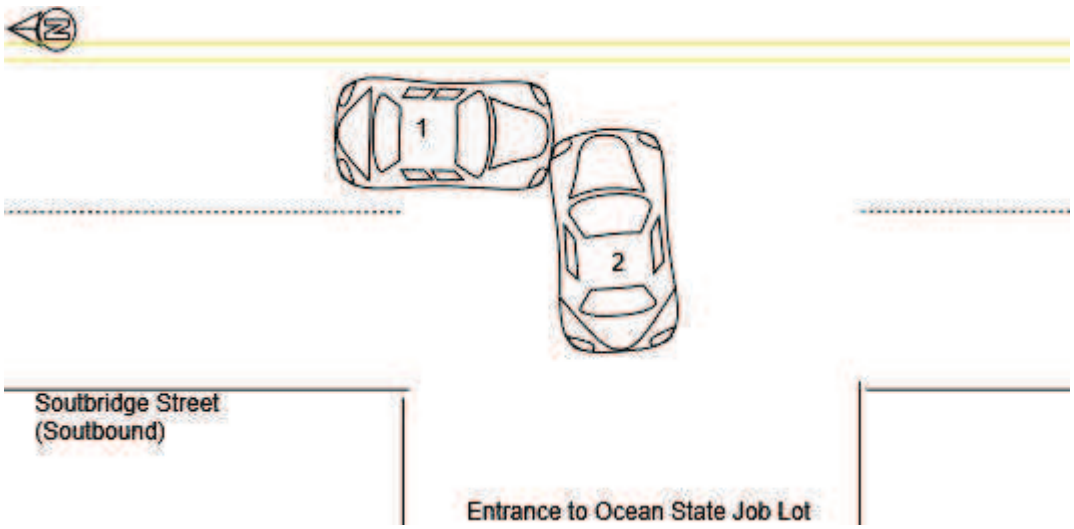
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	X	X	1	1	3	0	0	8	2	[redacted]

Form No. 10364 CRA-65 08/23

= 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 August 29, 2026, I was dispatched to Southbridge Street, in the area of Ocean State Job Lot, for a motor vehicle crash. Vehicle 1 was traveling south on Southbridge Street when vheicle 2 pulled out from the parking lot of Ocean State Job Lot striking vehicle 1 in the inside southbound travel lane.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
WADE CHARLOTTE D	93 BOYCE ST AUBURN MA 01501-2113	[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 Dominic J Walker		87DW	Auburn Police Department		08/29/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date