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
11/01/2026	1601 (24HR)	Auburn	2	0	5			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 | 525 (Address #) | WASHINGTON ST (Name of Roadway/Street)

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

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

Feet [N S E W] of Landmark

Vehicle 1

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

Crash Report ID# 26-418-AC

License # [redacted] St [redacted] DOB/Age [redacted]

Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement

Operator JOHNSON, MARCUS ANTHONY (Last First Middle)

Address 20 4TH ST

City WORCESTER State MA Zip 01602-3108

Insurance Company OLD REPUBLIC INSURANCE CO

Vehicle Travel Direction: N S ☒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 # Z20428 Reg Type CO Reg State MA

Veh Year 2026 Veh Make Truck Veh Config. 2

Owner AMAZON LOGISTICS INC (Last First Middle)

Address 410 TERRY N AVE

City SEATTLE State WA Zip 98109-5210

Vehicle Action Prior to Crash 10

Event Sequence 2 — —

Most Harmful Event 2

Driver Contributing Code 19

Driver Distracted by 0

Damaged Area Code: 7 — —

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

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	99	4	0	0	10	1	

Vehicle 2

Please Select One of the Following: ☒ Vehicle 2 — 0 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age

Sex Lic. Class Lic. Restrictions CDL Endorsement

Operator Driverless M.V. (Last First Middle)

Address

City State Zip

Insurance Company CONTINENTAL CASUALTY

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

Reg # 16EMUI Reg Type PAN Reg State FL

Veh Year 2024 Veh Make MAZDA Veh Config. 1

Owner PV HOLDING CORP (Last First Middle)

Address

City State Zip

Vehicle Action Prior to Crash 11

Event Sequence 2 — —

Most Harmful Event 2

Driver Contributing Code 1

Driver Distracted by 0

Damaged Area Code: 1 8 —

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

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	0	4	0	0	10	1	

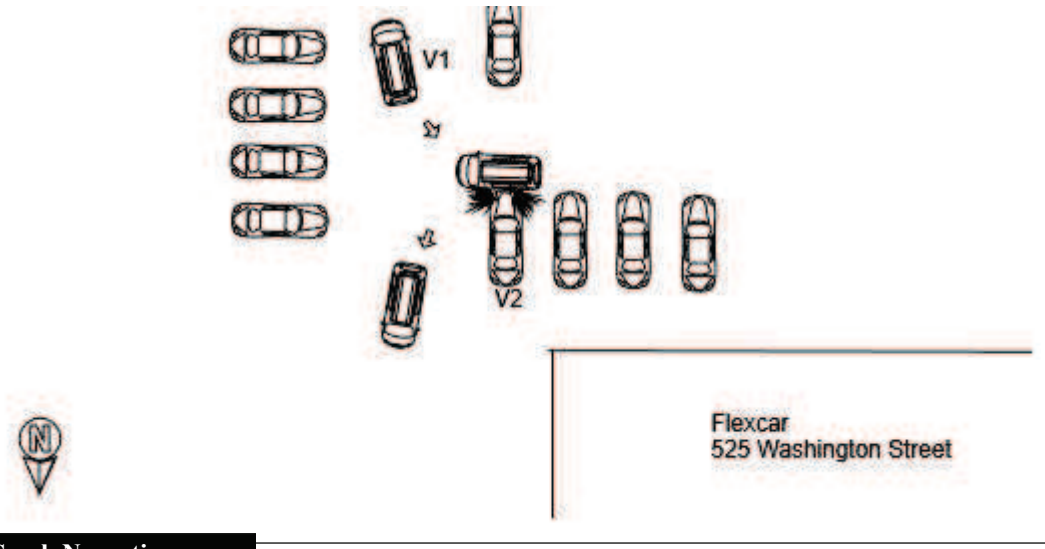
Please fill out for operator and all occupants involved

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:

V1 was attempting to turn around in the parking lot of Flexcar. When V1 was backing up, it side swiped the front of V2. When pulling out, V1 continued foward and side swiped it again.

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 David Ljunggren		82DL	Auburn Police Department		11/01/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date