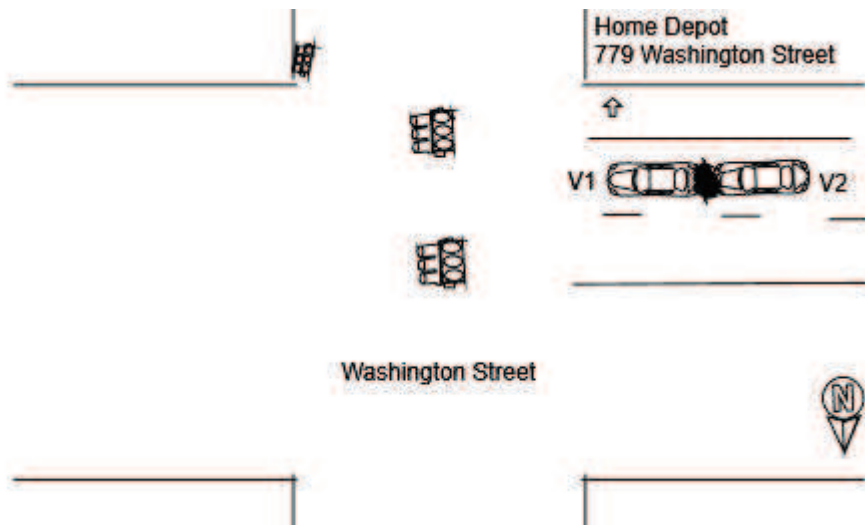


Police Use Only			Commonwealth of Massachusetts						RMV Document Number														
Date of Crash 08/24/2026		Time of Crash 1725 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:										
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
11 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						210 Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark																	
Please Select One of the Following:		☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-330-AC															
License # St. DOB/Age						Reg # 2GTN66 Reg Type PC Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2021 Veh Make LEXUS Veh Config. 1 21																	
Operator BLAISDELL, DANIEL DEAN						Owner BLAISDELL, DANIEL DEAN																	
Address 17 DANIELLE DR						Address 17 DANIELLE DR																	
City MILLBURY State MA Zip 01527-4192						City MILLBURY State MA Zip 01527-4192																	
Insurance Company PLYMOUTH ROCK ASSURANCE C						Vehicle Action Prior to Crash 2 22 Damaged Area Code: 10 27 5 27 27																	
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28																	
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 0 29																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						BAC Test Result: 1 30																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32																	
Driver Distracted by 0 26 26						Towed from scene? 2 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		4		0		0		10		1			
Please Select One of the Following:		☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.															
License # St. DOB/Age						Reg # 2NWK14 Reg Type PC Reg State MA																	
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2016 Veh Make VOLKSWAGEN Veh Config. 1 21																	
Operator CANNON, JAYDE ELIZABETH						Owner MCNALLY, TARA ELIZABETH																	
Address 3 FRANKIE LN						Address 3 FRANKIE LN																	
City NORTH GRAFTON State MA Zip 01536-1618						City NORTH GRAFTON State MA Zip 01536-1618																	
Insurance Company AMICA MUTUAL INSURANCE CO						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27																	
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 1 28																	
Citation # (If Issued)						Most Harmful Event 1 24 Type of Test: 0 29																	
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Driver Distracted by 99 26 26						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		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

↓ Arrow

Crash Narrative:

V1 was stopped at a redlight. V2 did not stop in time and rear ended V1.

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

Police Officer Name (Please Print)

Signature

82DL

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

08/24/2026

Date