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 Agency
07/12/2026	1628 (24HR)	Auburn	2	0	10			Local Police

Police Agency: ☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

2 1 — Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

2 10 — Route# | Direction | Address # 892 | Name of Roadway/Street: SOUTHBRIDGE ST

Feet ☐N ☐S ☐E ☐W of Mile Marker — or Exit Number

3 11 — Feet ☐N ☐S ☐E ☐W of Route# | Intersecting Roadway/Street

Feet ☐N ☐S ☐E ☐W of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 0 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 26-264-AC

3

License # | St | DOB/Age | Sex | Lic. Class | Lic. Restrictions | CDL Endorsement

Operator: Driverless M.V. (Last First Middle)

4 1 — Address | City | State | Zip

Insurance Company: THE COMMERCE INSURANCE CO

Vehicle Travel Direction: ☐N ☐S ☒E ☐W — Responding to Emergency? 2

5 2 — Citation # (If Issued)

Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub

6 1

Reg # 4CYT48 | Reg Type PC | Reg State MA

7 12 — Veh Year 2023 | Veh Make TOYOTA | Veh Config. 1 (21)

Owner: DOHERTY, JESSICA ROSE (Last First Middle)

Address: 14 HANSON RD

City: CHARLTON | State: MA | Zip: 01507-1530

Vehicle Action Prior to Crash (22): 11

Event Sequence (23): 1

Most Harmful Event (24): 1

Driver Contributing Code (25): 1

Driver Distracted by (26): 0

Damaged Area Code (27): 8 1 2

Test Status (28): 1

Type of Test (29):

BAC Test Result (30):

Susp. Alcohol (31): 2 | Susp. Drug (32): 2

Towed from scene? (33): 99

1 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	[redacted]	[redacted]	1							

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

7 1

License # [redacted] | St [redacted] | DOB/Age [redacted] | Sex: M | Lic. Class: D (19) (19) | Lic. Restrictions (20) | CDL Endorsement

Operator: HIGHT, FRANK L (Last First Middle)

8 1 — Address: 18 WILDWOOD AVE

City: WORCESTER | State: MA | Zip: 01603-1556

Insurance Company: PROGRESSIVE DIRECT INSURA

Vehicle Travel Direction: ☐N ☐S ☐E ☒W — Responding to Emergency? 2

9 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 # 6CC419 | Reg Type PC | Reg State MA

Veh Year 2025 | Veh Make TOYOTA | Veh Config. 1 (21)

Owner: HIGHT, FRANK L (Last First Middle)

Address: 18 WILDWOOD AVE

City: WORCESTER | State: MA | Zip: 01603-1556

97 14

Vehicle Action Prior to Crash (22): 1

Event Sequence (23): 2

Most Harmful Event (24): 2

Driver Contributing Code (25): 97

Driver Distracted by (26): 99

Damaged Area Code (27): 3

Test Status (28):

Type of Test (29):

BAC Test Result (30):

Susp. Alcohol (31): 2 | Susp. Drug (32): 2

Towed from scene? (33): 2

Please fill out for operator and all occupants involved

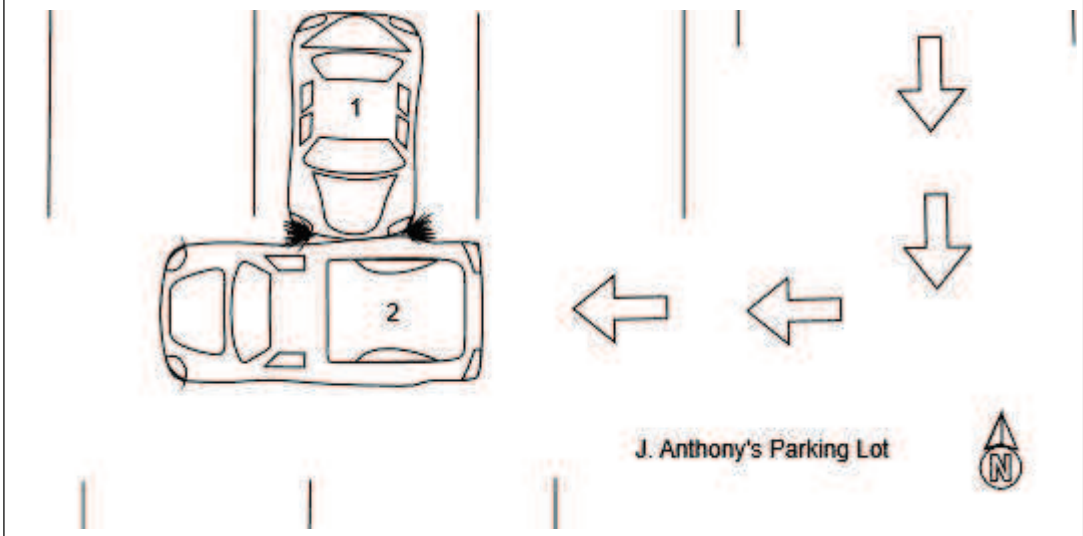
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

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... N... Arrow

Crash Narrative:

Vehicle 1 was parked in a parking space in the parking lot of J. Anthony's. Vehicle 2 entered the J. Anthony's parking lot from route 20 and turned right and drove down the travel lane of the parking lot. Vehicle 2 hit Vehicle 1 as it was parked. The operator of Vehicle 2 stated that he did not take the turn wide enough.

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 Rachel B Crowley		92RC	Auburn Police Department		07/12/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date