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 |
|---|---|---|---|---|---|---|---|
| 10/24/2026 | 1259 (24HR) | Auburn | 2 | 0 | 10 | | |

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: —

10 2 — Route#: — | Direction: — | Address #: 385 | Name of Roadway/Street: SOUTHBRIDGE ST
Feet: — | N S E W of: — | Mile Marker: — — — • — | or Exit Number: —
11 2 — Feet: — | N S E W of: — | Route#: — | Intersecting Roadway/Street: —
Feet: — | N S E W of: — | Landmark: —

3 — **Please Select One of the Following:** ☒ **Vehicle 1** 1 #Occupants | ☐ **Hit/Run** | ☐ **Moped** | **Crash Report ID#** 26-402-AC

License # [redacted] St [redacted] DOB/Age [redacted] | Sex M | Lic. Class D 19 19 | Lic. Restrictions 1 20 | CDL Endorsement: —
**Operator** PUCHULU, TYLER ASHTON (Last, First, Middle)
4 9 — Address 12 LAFLAMME LN
City FISKDALE | State MA | Zip 01518-1108
Insurance Company PROGRESSIVE CASUALTY INSU
5 2 — Vehicle Travel Direction: N ☒ E W | Responding to Emergency? 2
Citation # (If Issued): —
6 1 — Viol. 1: Ch/Sec/Sub: — | Viol. 2: Ch/Sec/Sub: —
Viol. 3: Ch/Sec/Sub: — | Viol. 4: Ch/Sec/Sub: —

Reg # 6YSS97 | Reg Type PAN | Reg State MA
12 1 — Veh Year 2011 | Veh Make TOYOTA | Veh Config. 1 21
**Owner** PUCHULU, TYLER ASHTON (Last, First, Middle)
Address 12 LAFLAMME LN
City FISKDALE | State MA | Zip 01518-1108
Vehicle Action Prior to Crash: 2 22
Event Sequence: 1 23 | 23 | 23 | 23
Most Harmful Event: 1 24
Driver Contributing Code: 1 25 | 25
Driver Distracted by: 0 26 | 26
13 1 — Damaged Area Code: 6 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? 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 | [redacted] | [redacted] | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

7 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 99 20 | CDL Endorsement: —
**Operator** MAI, MUM THI (Last, First, Middle)
8 2 — Address 425 PLEASANT ST 1409 FL BUILD
City WORCESTER | State MA | Zip 01609-1855
Insurance Company THE COMMERCE INSURANCE CO
Vehicle Travel Direction: N ☒ 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 # 4KGJ43 | Reg Type PAN | Reg State MA
Veh Year 2015 | Veh Make TOYOTA | Veh Config. 1 21
**Owner** VO, SON VAN (Last, First, Middle)
Address 425 PLEASANT ST APT 1409
City WORCESTER | State MA | Zip 01609-1855
Vehicle Action Prior to Crash: 2 22
Event Sequence: 1 23 | 23 | 23 | 23
Most Harmful Event: 1 24
Driver Contributing Code: 19 25 | 25
Driver Distracted by: 99 26 | 26
14 1 — Damaged Area Code: 2 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? 2 33

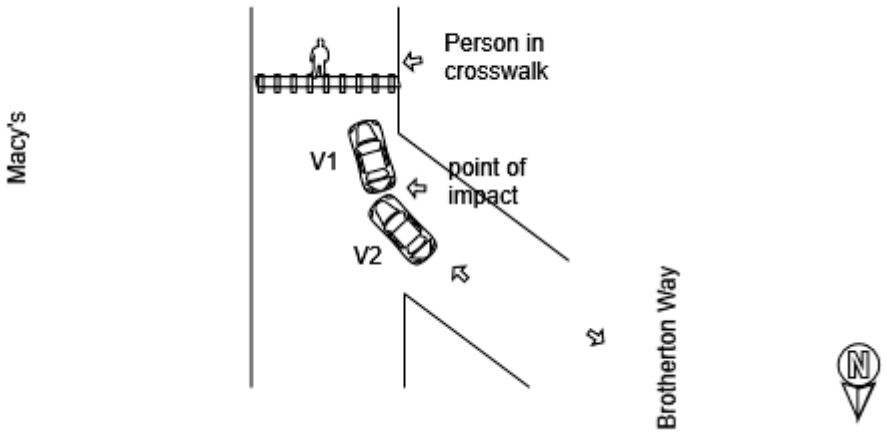
Please fill out for operator and all occupants involved

| 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/Occupants* | See Above | [redacted] | [redacted] | 1 | 1 | 4 | 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

**I[illegible] Arrow**

## Crash Narrative:

Vehicle 1 was entering the parking lots of the Auburn Mall in the vicinity of Macy's from Brotherton Way (public way). Vehicle 1 came to a stop when a person was walking in the crosswalk and was struck in the driver's side rear by Vehicle 2. No injuries to report and no tows needed.

## 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 Derek P Courchaine | | 75DC | Auburn Police Department | | 10/24/2026 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |