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
07/16/2026	2117 (24HR)	Auburn	2	2	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

14 Route# ____ Direction ____ ROCHDALE ST Name of Roadway/Street
At
Route# ____ Direction ____ WEST ST Name of Intersecting Roadway/Street
Also at Intersection with
21 Route# ____ Direction ____ Name of Intersecting Roadway/Street

10 2 Route# ____ Direction ____ Address # ____ Name of Roadway/Street
____ Feet N S E W of — — — • — Mile Marker or ____ Exit Number
11 3 ____ 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 2 #Occupants ☐ Hit/Run ☐ Moped Crash Report ID# 26-271-AC

Vehicle 1

License # [redacted] St [redacted] DOB/Age [redacted]
Sex M Lic. Class D 19 / M 19 Lic. Restrictions 99 20 CDL ____ Endorsement
Operator RICHWEIN, SCOTT EDWARD (Last First Middle)
42 Address 227 HUDSON RD
City BOLTON State MA Zip 01740-1416
Insurance Company PROGRESSIVE DIRECT INSURA
51 Vehicle Travel Direction: N S E ☒ W Responding to Emergency? 2
Citation # (If Issued) ____
Viol. 1: Ch/Sec/Sub ____ Viol. 2: Ch/Sec/Sub ____
61 Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____

Reg # 8X5601 Reg Type MC Reg State MA
Veh Year 2011 Veh Make HARLEY-DAVIDSON Veh Config. 3 21
Owner RICHWEIN, SCOTT EDWARD (Last First Middle)
Address 227 HUDSON RD
City BOLTON State MA Zip 01740-1416
Vehicle Action Prior to Crash 6 22
Event Sequence 1 23 / 23 / 23 / 23
Most Harmful Event 1 24
Driver Contributing Code 99 25 / 25
Driver Distracted by 99 26 / 26
Damaged Area Code: 1 27 3 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
1 12 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	5	4	0	0	7	2	[redacted]
KERRI COLLINS	18 MONTEREY DR CHERRY VALLEY, MA 01611-3018	[redacted]	F	4	5	4	0	0	7	2	[redacted]

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

Vehicle 2

License # [redacted] St [redacted] DOB/Age [redacted]
Sex M Lic. Class D 19 / 19 Lic. Restrictions 99 20 CDL ____ Endorsement
82 Operator GALVIN, MATTHEW JOSEPH (Last First Middle)
Address 34 HIGHLAND ST
City AUBURN State MA Zip 01501-2011
Insurance Company THE COMMERCE INSURANCE CO
Vehicle Travel Direction: ☒ S E W Responding to Emergency? 2
92 Citation # (If Issued) ____
Viol. 1: Ch/Sec/Sub ____ Viol. 2: Ch/Sec/Sub ____
Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____

Reg # Y18829 Reg Type CO Reg State MA
Veh Year 2017 Veh Make GMC Veh Config. 2 21
Owner CREATIVE HOME IMPROVEMENTS INC (Last First Middle)
Address 63 BRUCE RD
City MARLBOROUGH State MA Zip 01752-1340
Vehicle Action Prior to Crash 1 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
Damaged Area Code: 2 27 1 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
11 14

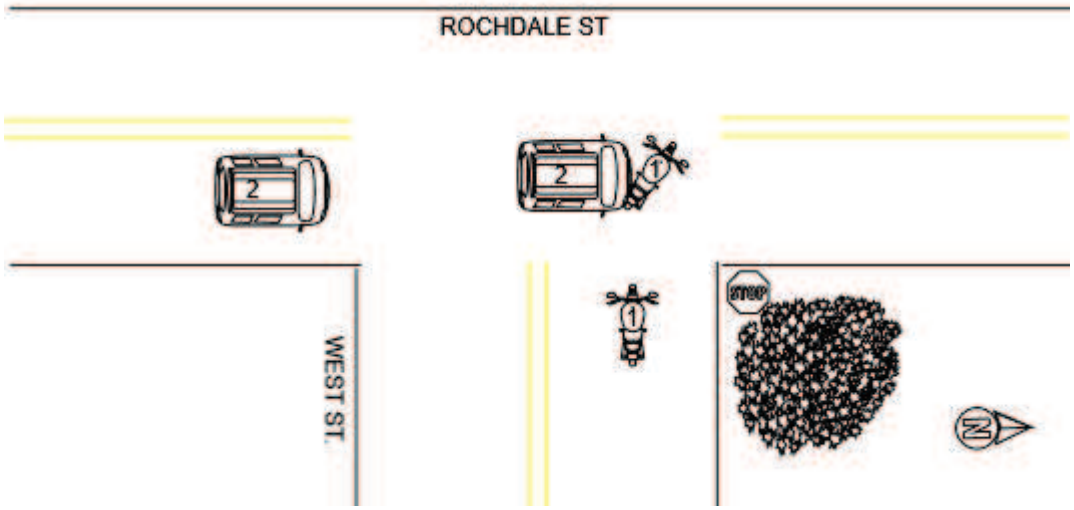
Please fill out for operator and all occupants involved

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	1	0	0	10	1	
[redacted]	[redacted]	[redacted]	M	11	1	1	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 ONE WAS TRAVELING WEST ON WEST ST TOWARDS ROCHDALE ST. THE OPERATOR OF VEHICLE TWO STATED THAT VEHICLE ONE DID NOT STOP AT THE STOP SIGN. VEHICLE ONE ATTEMPTED TO SWERVE AND AVOID A CRASH BUT WAS NOT SUCCESSFUL. PLEASE NOTE, THE STOP SIGN AT THE INTERSECTION IS OVERGROWN AND VERY HARD TO SEE FROM THE ROADWAY.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MANFRON JOHN LEOPOLDO KANOP	498 ROCHDALE ST AUBURN MA 01501-101			MAILBOX
MANFRON JOHN LEOPOLDO KANOP	498 ROCHDALE ST AUBURN MA 01501-101			EGG SELLING STAND

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 Brandyn J Geldart		86BG	Auburn Police Department		07/16/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date