

Police Use Only			Commonwealth of Massachusetts										RMV Document Number												
Date of Crash 02/02/2026		Time of Crash 1719 24HR		City/Town Auburn		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 45		State Police <input type="checkbox"/>		Local Police <input checked="" type="checkbox"/>		MBTA Police <input type="checkbox"/>		Campus Police <input type="checkbox"/>		Other: <input type="checkbox"/>			
AT INTERSECTION:						< LOCATION >		NOT 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						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: <input checked="" type="checkbox"/> Vehicle 11 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped						Crash Report ID# 26-56-AC													
License # S74049935 St MA DOB/Age 04/10/1965 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator PETRARCA, MICHAEL ANTHONY Address 16 STONE RD City MILLBURY State MA Zip 01527-1415 Insurance Company FARMERS PROPERTY & CASUAL Vehicle Travel Direction: N S E X 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 # 2BLS28 Reg Type PC Reg State MA Veh Year 2023 Veh Make BMW Veh Config. 1 21 Owner PETRARCA, MICHAEL ANTHONY Address 16 STONE RD City MILLBURY State MA Zip 01527-1415 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 Damaged Area Code: 5 27 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? 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: <input checked="" type="checkbox"/> Vehicle 21 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																									
License # S51791451 St MA DOB/Age 09/24/1969 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator ELIA, RICHARD A Address 6 BEVERLY RD City AUBURN State MA Zip 01501-1614 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) 993955AD Viol. 1: Ch/Sec/Sub 90 20 Viol. 2: Ch/Sec/Sub 90 34J Viol. 3: Ch/Sec/Sub 90 9 Viol. 4: Ch/Sec/Sub 720CMR 906						Reg # 832DN1 Reg Type PC Reg State MA Veh Year 2018 Veh Make BMW Veh Config. 2 21 Owner WHOLLY CANNOLI INC Address 488 GRAFTON ST City WORCESTER State MA Zip 01604-4713 Vehicle Action Prior to Crash 2 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 5 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 1 27 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																			
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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			

Form No. 10364 CRA-65 08/23

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ○ = Bicycle

### Crash Diagram:

ie: → 1 → 2 → ○ → ○



RT 20 Washington St

### If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Intersection Arrow



### Crash Narrative:

Vehicle 1 was slowing to stop behind traffic at the upcoming intersection. Vehicle 2 was approaching V1 when it did not stop in time and collided with the rear of V1. Criminal citation was issued to the operator of V2. See 26-171-OF for further information.

### 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 Matthew Rodwill

Police Officer Name (Please Print)

Signature

84MR

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/02/2026

Date