

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 02/02/2026	Time of Crash 1719 24HR	City/Town Auburn	Number Vehicles 2	Number Injured 0	Speed Limit 45	State Police Local Police MBTA Police Campus Police Other: _____
-----------------------------	-------------------------------	---------------------	----------------------	---------------------	-------------------	--

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 4

Route# _____ Direction _____ Name of Roadway/Street _____
At _____

2 10
2 96 WASHINGTON ST

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

Also at Intersection with _____

Feet _____ N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

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# 26-56-AC

License # S74049935 St MA DOB/Age 04/10/1965

Reg # 2BLS28 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____
Endorsement _____

Veh Year 2023 Veh Make BMW Veh Config. 1 21

Operator PETRARCA, MICHAEL ANTHONY

Owner PETRARCA, MICHAEL ANTHONY

Last _____ First _____ Middle _____

Last _____ First _____ Middle _____

Address 16 STONE RD

Address 16 STONE RD

City MILLBURY State MA Zip 01527-1415

City MILLBURY State MA Zip 01527-1415

Insurance Company FARMERS PROPERTY & CASUAL

State MA Zip 01527-1415

Vehicle Travel Direction: N S E Responding to Emergency? 2Vehicle Action Prior to Crash 2 22
Damaged Area Code: 5 27 27 27

Citation # (If Issued) _____

Test Status: 1 28

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

Type of Test: 29

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

BAC Test Result: 30

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

Medical Facility

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 Operator See Above

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.

Reg # 832DN1 Reg Type PC Reg State MA

License # S51791451 St MA DOB/Age 09/24/1969
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____
Endorsement _____

Veh Year 2018 Veh Make BMW Veh Config. 2 21

Operator ELIA, RICHARD A

Owner WHOLLY CANNOLI INC

Last _____ First _____ Middle _____

Last _____ First _____ Middle _____

Address 6 BEVERLY RD

Address 488 GRAFTON ST

City AUBURN State MA Zip 01501-1614

City WORCESTER State MA Zip 01604-4713

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Action Prior to Crash 2 22
Damaged Area Code: 1 27 27 27Vehicle Travel Direction: N S E Responding to Emergency? 2

Test Status: 1 28

Citation # (If Issued) 993955AD

Type of Test: 29

Viol. 1: Ch/Sec/Sub 90 20 Viol. 2: Ch/Sec/Sub 90 34J

BAC Test Result: 30

Viol. 3: Ch/Sec/Sub 90 9 Viol. 4: Ch/Sec/Sub 720CMR 906

Susp. Alcohol: 2 31 Susp. Drug: 2 32

Driver Contributing Code 5 25 25

Driver Distracted by 99 26 26

Driver Distracted by 99 26 26

Towed from scene? 1 33

Please fill out for operator and all occupants involved

Medical Facility

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 Operator See Above

1 1 3 0 0 10 1

→ = 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

I → ♂ ⚙ 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