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
07/14/2026	1303 (24HR)	Auburn	2	0	40			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: SOUTHBRIDGE ST

At

Route# | Direction | Name of Intersecting Roadway/Street: PROSPECT ST

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street:

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street:

Feet [N S E W] of — — — • — Mile Marker or Exit Number

Feet [N S E W] of Route# Intersecting Roadway/Street:

Feet [N S E W] of Landmark:

Vehicle 1

Please Select One of the Following: ☒ Vehicle 1 — 3 #Occupants | ☐ Hit/Run | ☐ Moped

Crash Report ID#: 26-266-AC

License # [redacted] St [redacted] DOB/Age [redacted]

Sex: F | Lic. Class: D | Lic. Restrictions: | CDL Endorsement:

Operator: LATINO, LISA MARIE (Last, First, Middle)

Address: 12 HOWE VILLAGE APT B AP

City: SPEMCER | State: MA | Zip: 01563-0000

Insurance Company: THE COMMERCE INSURANCE CO

Vehicle Travel Direction: ☒ S ☐ E ☐ W | 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 # 5PFZ54 | Reg Type: PAN | Reg State: MA

Veh Year: 2025 | Veh Make: NISSAN | Veh Config: 1

Owner: LATINO, LISA MARIE (Last, First, Middle)

Address: 12 HOWE VILLAGE APT B AP

City: SPEMCER | State: MA | Zip: 01563-0000

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 99

Driver Distracted by: 99

Damaged Area Code: 7

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 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	See Above			1	1	4	0	0	10	1	
WARREN DONNELL	65 TROWBRIDGE CIRCUIT WORCESTER, MA 01601	[redacted]	M	4	1	4	0	0	10	1	
DARLENE LATINO	65 TROWBRIDGE CIRCUIT WORCESTER, MA 016**	[redacted]	F	3	1	4	0	0	10	1	

Vehicle 2

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 | Lic. Restrictions: | CDL Endorsement:

Operator: HANLAN, KILEY MAE (Last, First, Middle)

Address: 3 HANSON RD

City: CHARLTON | State: MA | Zip: 01507-1529

Insurance Company: THE COMMERCE INSURANCE CO

Vehicle Travel Direction: ☒ S ☐ E ☐ W | 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 # 9DT522 | Reg Type: PAN | Reg State: MA

Veh Year: 2010 | Veh Make: TOYOTA | Veh Config: 1

Owner: HANLAN, ROBIN ELIZABETH (Last, First, Middle)

Address: 3 HANSON RD

City: CHARLTON | State: MA | Zip: 01507-1529

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 99

Driver Distracted by: 99

Damaged Area Code: 2

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

Please fill out for operator and all occupants involved

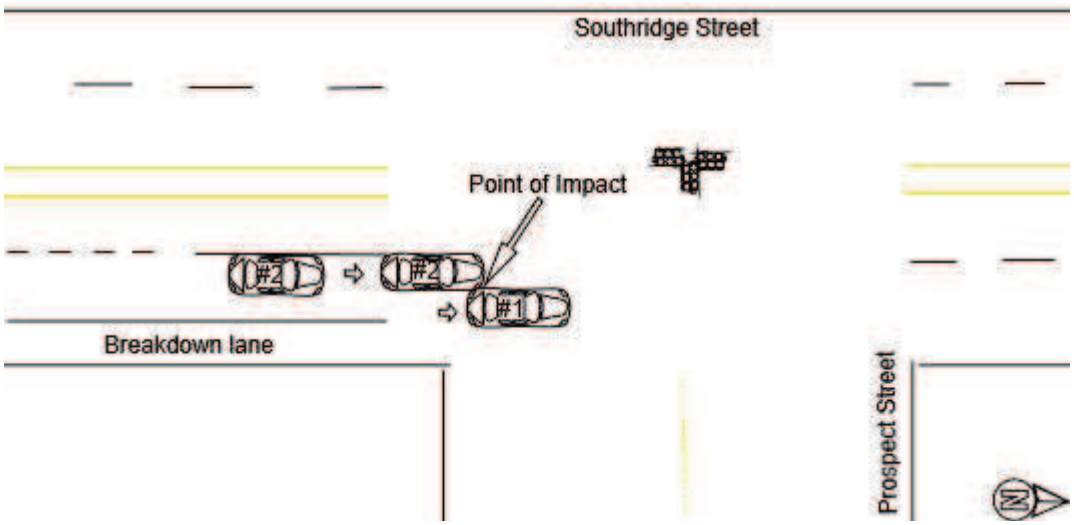
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

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... Arrow

Crash Narrative:

V#1 AND V#2 WERE TRAVELING STRAIGHT AHEAD ,NORTHBIUND ON SOUTHBRIDGE STREET (PUBLIC WAY IN AUBURN). OPERATOR OF V#1 STATED THAT THEY WERE TRAVELING STRIGHT AND VEHICLE #2 MERGED INTO THEIR LANE OF TRAFFIC AND WHEN THEY WERE MERGING THATS WHEN THE COLLISION OCCURRED. THE OPERATOR OF V#2 STATED THAT THEY DID MERGE INTO V#1'S LANE BEFORE IMPACT AND THEN STATED THAT V#1 WENT INTO THE BREAKDOWN LANE AND WENT AROUND THEM AND THATS WHEN THE COLLISION OCCURRED. NO INJUIRES TO REPORT AND NO VEHICLES WERE TOWED FROM THE SCENE. DAMAGE WAS MINOR IN NATURE.

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 Alex K Myers		89AM	Auburn Police Department		07/14/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date