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
11/07/2026	1532 (24HR)	Auburn	2	0	50			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

2 10 — Route# | Direction | Address # | Name of Roadway/Street

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

3 11 — Feet N S E W of Route# | Intersecting Roadway/Street

Feet N S E W of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 2 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-421-AC

3

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

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

Operator SIERRA, PETER (Last First Middle)

4 1 — Address 113 WASHINGTON ST APT 14

City AUBURN State MA Zip 01501-3023

Insurance Company NORFOLK & DEDHAM MUTUAL F

Vehicle Travel Direction: ☒ S E W Responding to Emergency? 2

5 — Citation # (If Issued)

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

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

6 2

Reg # 5RWH23 Reg Type PC Reg State MA

Veh Year 2002 Veh Make FORD Veh Config. 1 21

1 12

Owner LEAKE, JESSIKA L (Last First Middle)

Address 113 WASHINGTON ST APT 14

City AUBURN State MA Zip 01501-3023

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: 1 27 8 27 2 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

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	1	4	0	0	10	1	
JESSIKA LEAKE	113 WASHINGTON ST AUBURN, MA 01501-3023	[redacted]	F	1	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

7 3

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

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

Operator PAQUETTE, ZACHARY ALEX (Last First Middle)

8 1 — Address 146 WHEELOCK AVE

City MILLBURY State MA Zip 01527-4228

Insurance Company AMERICAN ECONOMY INSURANC

Vehicle Travel Direction: N S ☒ W Responding to Emergency? 2

9 2 — Citation # (If Issued) 666543AE

Viol. 1: Ch/Sec/Sub 90 13 Viol. 2: Ch/Sec/Sub 89 4A

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

Reg # 3RBV91 Reg Type PC Reg State MA

Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21

Owner PAQUETTE-RIORDAN, AMY MARIE (Last First Middle)

Address 146 WHEELOCK AVE

City E MILLBURY State MA Zip 01527-4228

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 19 25 25

Driver Distracted by 1 26 26

Damaged Area Code: 3 27 2 27 27

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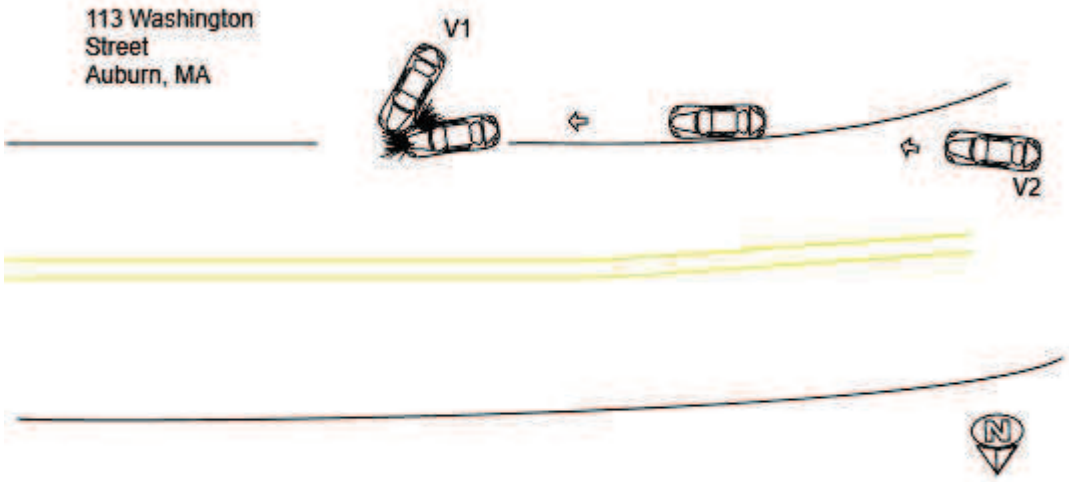
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

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[illegible] Arrow

Crash Narrative:

V1 was stopped and waiting to exit 113 Washington Street. V2 came around the corner, went off the road way and crashed into V1.

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 David Ljunggren		82DL	Auburn Police Department		11/07/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date