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 Type
11/09/2026	1400 (24HR)	Auburn	2	2	40			Local Police

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 | 99 Address # | AUBURN ST 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

10 Feet [N S X W] of AUBURN HS LOT EXIT Landmark

3 2 **Please Select One of the Following:** ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped **Crash Report ID#** 26-424-AC

4 2

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

Sex [redacted] Lic. Class [redacted] Lic. Restrictions [redacted] CDL Endorsement

Operator [redacted] (Last First Middle)

Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Insurance Company THE COMMERCE INSURANCE CO

5 1 Vehicle Travel Direction: [X S E W] Responding to Emergency? 2

Citation # (If Issued)

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

6 1 Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # 374PB1 Reg Type PC Reg State MA

Veh Year 2016 Veh Make FORD Veh Config. 1 (21)

1 12

Owner PIWOWARCZYK, GRZEGORZ (Last First Middle)

Address 47 LINCOLN ST APT 2

City WEBSTER State MA Zip 01570-1808

Vehicle Action Prior to Crash: 6 (22)

Event Sequence: 1 (23) 23 23 23

Most Harmful Event: 1 (24)

Driver Contributing Code: 4 (25) 19 (25)

Driver Distracted by: 99 (26) 26

Damaged Area Code: 7 (27) 8 (27) 1 (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? 1 (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	[X]	[X]	1	1	4	0	0	8	2	[redacted]

7 1 **Please Select One of the Following:** ☒ Vehicle 2 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

8 2

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

Sex F Lic. Class D (19) 19 Lic. Restrictions 1 (20) CDL Endorsement

Operator STEFFEN, NATALIE H (Last First Middle)

Address 5 COLONIAL RD

City AUBURN State MA Zip 01501

Insurance Company PROGRESSIVE DIRECT INSURA

9 2 Vehicle Travel Direction: [N X 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 # 9JF876 Reg Type PC Reg State MA

Veh Year 2013 Veh Make LINCOLN Veh Config. 1 (21)

Owner STEFFEN, NATALIA HELENE (Last First Middle)

Address 5 COLONIAL RD

City AUBURN State MA Zip 01501-2131

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: 3 (27) 2 (27) 1 (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? 1 (33)

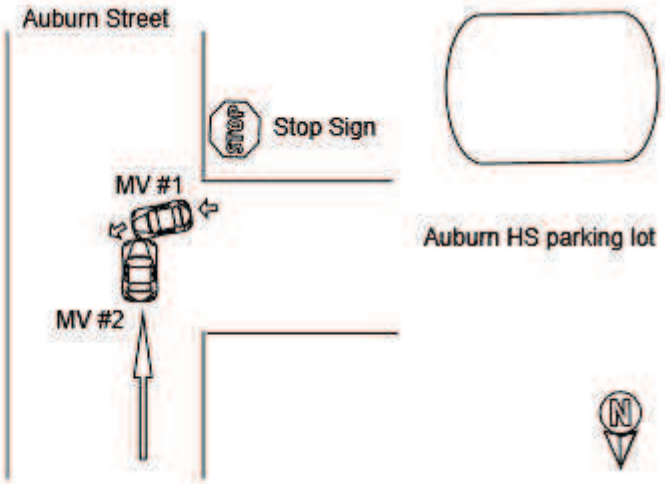
1 14

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	[X]	[X]	1	1	1	0	0	9	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... Arrow

Crash Narrative:

While MV#2 was traveling southbound on Auburn Street, MV#1 did not yield the right of way while taking a left turn out of the Auburn High School parking lot and MV#1 collided into MV#2 on Auburn Street. Both vehicles were towed by Direnzo's. The operator of MV#1 was transported to UMass in Worcester for further evaluation and the operator of MV#2 was also evaluated by paramedics while at the scene.

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 Jonathan E O'Brien		50JO	Auburn Police Department		11/09/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date