

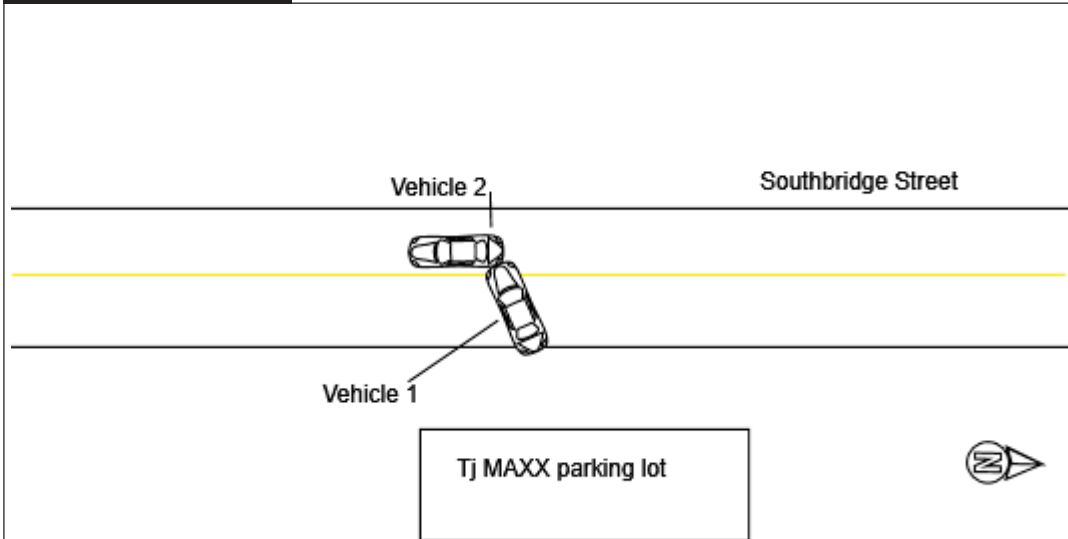
|                                                                                                                                                                                                                                                     |  |                                                           |                               |                                  |  |                                                                                                                                                                                                                                                                                                         |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|-------------------------------|----------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|-------------------------|------------------------|-------------------|---------------------|------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|
| Police Use Only                                                                                                                                                                                                                                     |  |                                                           | Commonwealth of Massachusetts |                                  |  |                                                                                                                                                                                                                                                                                                         |  |                                                                                |  |                         |                        |                   | RMV Document Number |                                                                        |  |                                                                                                                         |  |
| Date of Crash<br>01/29/2026                                                                                                                                                                                                                         |  | Time of Crash<br>1854<br>24HR                             |                               | City/Town<br>Auburn              |  | Motor Vehicle Crash<br>Police Report                                                                                                                                                                                                                                                                    |  |                                                                                |  | Number<br>Vehicles<br>2 | Number<br>Injured<br>0 | Speed Limit<br>40 |                     | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other: |  | <input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |  |
| AT INTERSECTION:                                                                                                                                                                                                                                    |  |                                                           |                               |                                  |  | < LOCATION >                                                                                                                                                                                                                                                                                            |  | NOT AT INTERSECTION:                                                           |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| <div>13</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> |  |                                                           |                               |                                  |  | <div>210</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet <div>N X E W</div> of . or</div> <div>Mile Marker Exit Number</div> <div>Feet <div>N S E W</div> of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet <div>N S E W</div> of</div> <div>Landmark</div> |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
|                                                                                                                                                                                                                                                     |  |                                                           |                               |                                  |  | <div>411</div> <div>Feet <div>N S E W</div> of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet <div>N S E W</div> of</div> <div>Landmark</div>                                                                                                                                            |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
|                                                                                                                                                                                                                                                     |  |                                                           |                               |                                  |  |                                                                                                                                                                                                                                                                                                         |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
|                                                                                                                                                                                                                                                     |  |                                                           |                               |                                  |  |                                                                                                                                                                                                                                                                                                         |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| 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# 26-46-AC                                                      |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| License # SA9691967 St MA DOB/Age 09/26/2007                                                                                                                                                                                                        |  |                                                           |                               |                                  |  | Reg # 878KT9 Reg Type PC Reg State MA                                                                                                                                                                                                                                                                   |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| Sex F Lic. Class <div>1919</div> Lic. Restrictions 120 CDL Endorsement                                                                                                                                                                              |  |                                                           |                               |                                  |  | Veh Year 2018 Veh Make TOYOTA Veh Config. 121                                                                                                                                                                                                                                                           |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| Operator ROBBINS, TRINNITY ROSE                                                                                                                                                                                                                     |  |                                                           |                               |                                  |  | Owner MACKOWIAK, JEAN MARIE                                                                                                                                                                                                                                                                             |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| Address 12 PAGLIONE DR APT R                                                                                                                                                                                                                        |  |                                                           |                               |                                  |  | Address 12 PAGLIONE DR APT 12R                                                                                                                                                                                                                                                                          |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| City DUDLEY State MA Zip 01571-3344                                                                                                                                                                                                                 |  |                                                           |                               |                                  |  | City DUDLEY State MA Zip 01571-3344                                                                                                                                                                                                                                                                     |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| Insurance Company THE COMMERCE INSURANCE CO                                                                                                                                                                                                         |  |                                                           |                               |                                  |  | Vehicle Action Prior to Crash 622                                                                                                                                                                                                                                                                       |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| Vehicle Travel Direction: <div>N X E W</div> Responding to Emergency? 2                                                                                                                                                                             |  |                                                           |                               |                                  |  | Event Sequence 123232323                                                                                                                                                                                                                                                                                |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| Citation # (If Issued)                                                                                                                                                                                                                              |  |                                                           |                               |                                  |  | Most Harmful Event 124                                                                                                                                                                                                                                                                                  |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                                                                                                                                                                                                             |  |                                                           |                               |                                  |  | Driver Contributing Code 132525                                                                                                                                                                                                                                                                         |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                                                                                                                                                                                                             |  |                                                           |                               |                                  |  | Driver Distracted by 02626                                                                                                                                                                                                                                                                              |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| Please fill out for operator and all occupants involved                                                                                                                                                                                             |  |                                                           |                               |                                  |  | Vehicle Action Prior to Crash 622                                                                                                                                                                                                                                                                       |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| 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                                                                            |  |                                                           |                               |                                  |  | Damaged Area Code: 2272727                                                                                                                                                                                                                                                                              |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| Operator See Above                                                                                                                                                                                                                                  |  |                                                           |                               |                                  |  | Test Status: 128                                                                                                                                                                                                                                                                                        |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
|                                                                                                                                                                                                                                                     |  |                                                           |                               |                                  |  | Type of Test: 029                                                                                                                                                                                                                                                                                       |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
|                                                                                                                                                                                                                                                     |  |                                                           |                               |                                  |  | BAC Test Result: 130                                                                                                                                                                                                                                                                                    |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
|                                                                                                                                                                                                                                                     |  |                                                           |                               |                                  |  | Susp. Alcohol: 231 Susp. Drug: 32                                                                                                                                                                                                                                                                       |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
|                                                                                                                                                                                                                                                     |  |                                                           |                               |                                  |  | Towed from scene? 233                                                                                                                                                                                                                                                                                   |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| 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 # S71397637 St MA DOB/Age 12/07/2000                                                                                                                                                                                                        |  |                                                           |                               |                                  |  | Reg # 4YKT52 Reg Type PC Reg State MA                                                                                                                                                                                                                                                                   |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| Sex F Lic. Class <div>1919</div> Lic. Restrictions 120 CDL Endorsement                                                                                                                                                                              |  |                                                           |                               |                                  |  | Veh Year 2024 Veh Make VOLKSWAGEN Veh Config. 121                                                                                                                                                                                                                                                       |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| Operator DIAS DOS SANTOS, KARLA L                                                                                                                                                                                                                   |  |                                                           |                               |                                  |  | Owner DIAS DOS SANTOS, KARLA L                                                                                                                                                                                                                                                                          |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| Address 3 HANNAHS WAY                                                                                                                                                                                                                               |  |                                                           |                               |                                  |  | Address 3 HANNAHS WAY                                                                                                                                                                                                                                                                                   |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| City CHARLTON State MA Zip 01507-1586                                                                                                                                                                                                               |  |                                                           |                               |                                  |  | City CHARLTON State MA Zip 01507-1586                                                                                                                                                                                                                                                                   |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| Insurance Company PROGRESSIVE CASUALTY INSU                                                                                                                                                                                                         |  |                                                           |                               |                                  |  | Vehicle Action Prior to Crash 122                                                                                                                                                                                                                                                                       |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| Vehicle Travel Direction: <div>N X E W</div> Responding to Emergency? 2                                                                                                                                                                             |  |                                                           |                               |                                  |  | Event Sequence 123232323                                                                                                                                                                                                                                                                                |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| Citation # (If Issued)                                                                                                                                                                                                                              |  |                                                           |                               |                                  |  | Most Harmful Event 124                                                                                                                                                                                                                                                                                  |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                                                                                                                                                                                                             |  |                                                           |                               |                                  |  | Driver Contributing Code 12525                                                                                                                                                                                                                                                                          |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                                                                                                                                                                                                             |  |                                                           |                               |                                  |  | Driver Distracted by 02626                                                                                                                                                                                                                                                                              |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| Please fill out for operator and all occupants involved                                                                                                                                                                                             |  |                                                           |                               |                                  |  | Vehicle Action Prior to Crash 122                                                                                                                                                                                                                                                                       |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| 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                                                                            |  |                                                           |                               |                                  |  | Damaged Area Code: 6272727                                                                                                                                                                                                                                                                              |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
| Operator/Occupants See Above                                                                                                                                                                                                                        |  |                                                           |                               |                                  |  | Test Status: 128                                                                                                                                                                                                                                                                                        |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
|                                                                                                                                                                                                                                                     |  |                                                           |                               |                                  |  | Type of Test: 029                                                                                                                                                                                                                                                                                       |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
|                                                                                                                                                                                                                                                     |  |                                                           |                               |                                  |  | BAC Test Result: 30                                                                                                                                                                                                                                                                                     |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
|                                                                                                                                                                                                                                                     |  |                                                           |                               |                                  |  | Susp. Alcohol: 231 Susp. Drug: 32                                                                                                                                                                                                                                                                       |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |
|                                                                                                                                                                                                                                                     |  |                                                           |                               |                                  |  | Towed from scene? 233                                                                                                                                                                                                                                                                                   |  |                                                                                |  |                         |                        |                   |                     |                                                                        |  |                                                                                                                         |  |

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

Indicate Direction of Travel with Arrow



### Crash Narrative:

Vehicle 1 was exiting the TJ Maxx parking lot, merging onto Southbridge Street. Vehicle 2 was actively traveling on Southbridge Street. Vehicle 1 side swiped vehicle 2 as she merged into traffic.

### 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 Andrew F Markvenas

Police Officer Name (Please Print)

Signature

93AM

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/29/2026

Date