

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Date of Crash **01/29/2026** Time of Crash **1854** 24HR

City/Town **Auburn**

Number Vehicles **2**

Number Injured **0**

Speed Limit **40**

State Police   
Local Police   
MBTA Police   
Campus Police   
Other: \_\_\_\_\_

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 3	Route# Direction _____ At _____	Route# Direction _____ Address # <b>711</b> Name of Roadway/Street <b>SOUTHBRIDGE ST</b>	2 10
2 1	Route# Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Feet <b>N</b> <input checked="" type="checkbox"/> <b>E</b> <input type="checkbox"/> <b>W</b> of _____ Mile Marker _____ or _____ Exit Number _____	4 11
3	Route# Direction _____ Name of Intersecting Roadway/Street _____	Feet <b>N</b> <input type="checkbox"/> <b>S</b> <input type="checkbox"/> <b>E</b> <input checked="" type="checkbox"/> <b>W</b> of _____ Route# _____ Intersecting Roadway/Street _____	1 12
4 1	Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <b>1</b> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# <b>26-46-AC</b>	1 21

License # **SA9691967** St **MA** DOB/Age **09/26/2007**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_

Operator **ROBBINS, TRINNITY ROSE**

Last **12** First **PAGLIONE** Middle **DR APT R**

Address **12 PAGLIONE DR APT R**

City **DUDLEY** State **MA** Zip **01571-3344**

Insurance Company **THE COMMERCE INSURANCE CO**

Vehicle Travel Direction: **N**  **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 # **878KT9**

Reg Type **PC**

Reg State **MA**

Veh Year **2018**

Veh Make **TOYOTA**

Veh Config. **1**

Owner **MACKOWIAK, JEAN MARIE**

Last **12** First **PAGLIONE** Middle **DR APT 12R**

City **DUDLEY**

State **MA** Zip **01571-3344**

Vehicle Action Prior to Crash **6** **22**

Damaged Area Code: **2** **27** **27** **27**

Event Sequence **1** **23** **23** **23** **23**

Test Status: **1** **28**

Most Harmful Event **1** **24**

Type of Test: **0** **29**

Driver Contributing Code **13** **25** **25**

BAC Test Result: **1** **30**

Driver Distracted by **0** **26** **26**

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

Towed from scene? **2** **33**

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
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**Operator**

See Above

<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>
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Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

License # **S71397637** St **MA** DOB/Age **12/07/2000**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_

Operator **DIAS DOS SANTOS, KARLA L**

Last **3** First **HANNAHS** Middle **WAY**

Address **3 HANNAHS WAY**

City **CHARLTON** State **MA** Zip **01507-1586**

Insurance Company **PROGRESSIVE CASUALTY INSU**

Vehicle Travel Direction: **N**  **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 # **4YKT52**

Reg Type **PC**

Reg State **MA**

Veh Year **2024**

Veh Make **VOLKSWAGEN**

Veh Config. **1**

Owner **DIAS DOS SANTOS, KARLA L**

Last **3** First **HANNAHS** Middle **WAY**

Address **3 HANNAHS WAY**

City **CHARLTON** State **MA** Zip **01507-1586**

Vehicle Action Prior to Crash **1** **22**

Damaged Area Code: **6** **27** **27** **27**

Event Sequence **1** **23** **23** **23** **23**

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**Operator/Occupants**

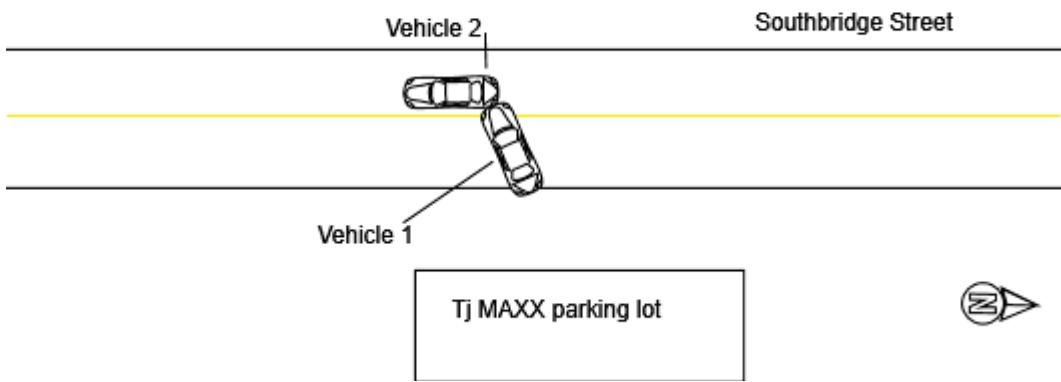
See Above

<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>
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→ = 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:**

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