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
06/28/2026	1124 (24HR)	Auburn	2	2	40		

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

Route# | Direction | 680 (Address #) | SOUTHBRIDGE ST (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 _____

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

Crash Report ID# 26-250-AC

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

Sex M | Lic. Class D | Lic. Restrictions | CDL Endorsement

Operator PICHE, JOSHUA BERNHAM (Last First Middle)

Address 23 OLD CART RD

City AUBURN | State MA | Zip 01501-1118

Insurance Company MAIN STREET AMERICA PROTE

Vehicle Travel Direction: [N 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 # 3TJK93 | Reg Type PAN | Reg State MA

Veh Year 2023 | Veh Make Infiniti | Veh Config. 1

Owner PICHE, JOSHUA BERNHAM (Last First Middle)

Address 23 OLD CART RD

City AUBURN | State MA | Zip 01501-1118

Vehicle Action Prior to Crash: 4

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 4 |

Driver Distracted by: 99 |

Damaged Area Code: 1 | | |

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 1

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	1	0	0	10	1	
CAITLIN PICHE	23 OLD CART RD AUBURN, MA 01501-1118	[redacted]	F	3	1	1	0	0	8	2	[redacted]

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

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

Sex M | Lic. Class D | Lic. Restrictions | CDL Endorsement

Operator PATEL, SOMESH R (Last First Middle)

Address 161 SOUTHBRIDGE RD

City NORTH OXFORD | State MA | Zip 01537-1142

Insurance Company PLYMOUTH ROCK ASSURANCE C

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 # 3ZLA26 | Reg Type PAN | Reg State MA

Veh Year 2025 | Veh Make TOYOTA | Veh Config. 1

Owner PATEL, NIMISHA RAJESH (Last First Middle)

Address 161 SOUTHBRIDGE RD

City NORTH OXFORD | State MA | Zip 01537-1142

Vehicle Action Prior to Crash: 1

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 1 |

Driver Distracted by: 0 |

Damaged Area Code: 2 | 3 | |

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 1

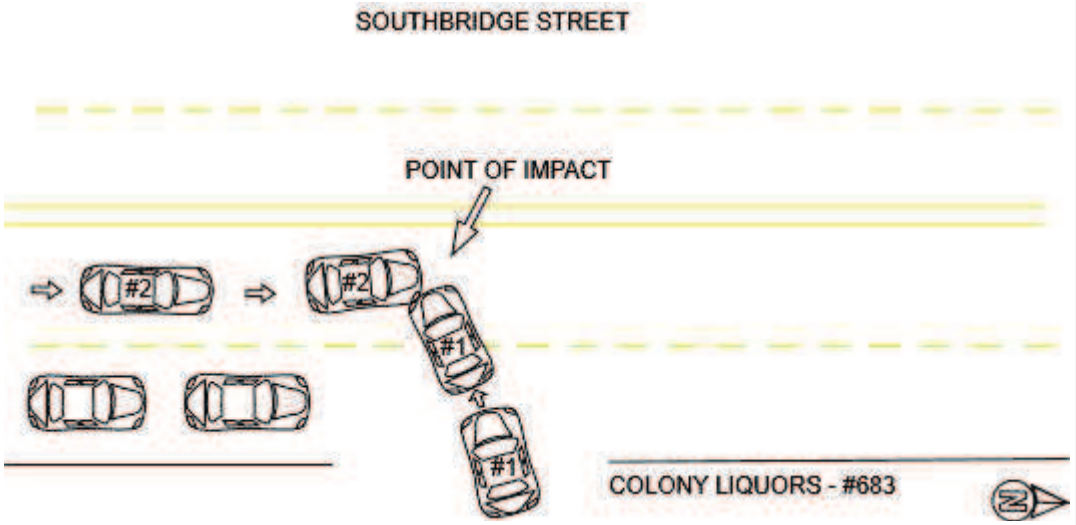
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	1	0	0	8	2	[redacted]
HEENAL PATEL	161 SOUTHBRIDGE RD NORTH OXFORD, MA 01537-1142	[redacted]	F	3	1	1	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 WAS PULLING OUT OF COLONY LIQUORS (683 SOUTHBRIDGE STREET) ONTO SOUTHBRIDGE STREET AND TAKING A LEFT. THE RIGHT LANE OF TRAFFIC HAD STOPPED TO LET V#1 OUT, BUT THE FAR LANE THAT VEHCILE #2 WAS TRAVELING IN DID NOT REALIZE TRAFFIC WAS STOPPING TO TRY AND LET V#1 OUT INTO TRAFFIC. V#2 IN THIS SITUATION HAS THE RIGHT OF WAY. AS V#1 WAS PULLING OUT INTO V#2'S TRAVEL LANE, THE COLLISION OCCURRED. THE PASSENEGER OF V#1 WAS TRANSPORTED FOR INJUIRES AS WELL AS THE DRIVER OF V#2. bOTH VEHICLES WERE TOWED FROM THE SCENE AS WELL.

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		06/28/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date