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
10/29/2025	1608 (24HR)	Auburn	2	0	40			Local Police

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

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: WASHINGTON ST

At

Route# | Direction | Name of Intersecting Roadway/Street: MILLBURY ST

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street:

NOT AT INTERSECTION:

Route# | Direction | Address # | 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 — 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 25-367-AC

Vehicle 1

License # 169010449 St CT DOB/Age 04/15/1982

Sex F Lic. Class D Lic. Restrictions — CDL Endorsement

Operator GABOR, ARIELLE MARIE (Last First Middle)

Address 33 SPRING ST

City WEBSTER State MA Zip 01570

Insurance Company THE STANDARD FIRE INSURAN

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 # 6LMA37 Reg Type PC Reg State MA

Veh Year 2019 Veh Make GMC Veh Config. 1

Owner GABOR, ARIELLE MARIE (Last First Middle)

Address 33 SPRING ST

City WEBSTER State MA Zip 01570

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 99

Driver Distracted by: 99

Damaged Area Code: 2

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

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	☒	☒	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.

Vehicle 2

License # S15217078 St MA DOB/Age 03/03/1956

Sex F Lic. Class D Lic. Restrictions B CDL Endorsement

Operator ALBINO, NORA JEAN (Last First Middle)

Address 65 ORIENT ST APT 2

City WORCESTER State MA Zip 01604-2948

Insurance Company MAPFRE INSURANCE

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 # DZ02RS Reg Type PC Reg State FL

Veh Year 2024 Veh Make FORD Veh Config. 1

Owner THE HERTZ CORPORATION (Last First Middle)

Address PO BOX 24130

City OKLAHOMA CITY State OK Zip 73134-4130

Vehicle Action Prior to Crash: 4

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 4

Driver Distracted by: 99

Damaged Area Code: 4

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

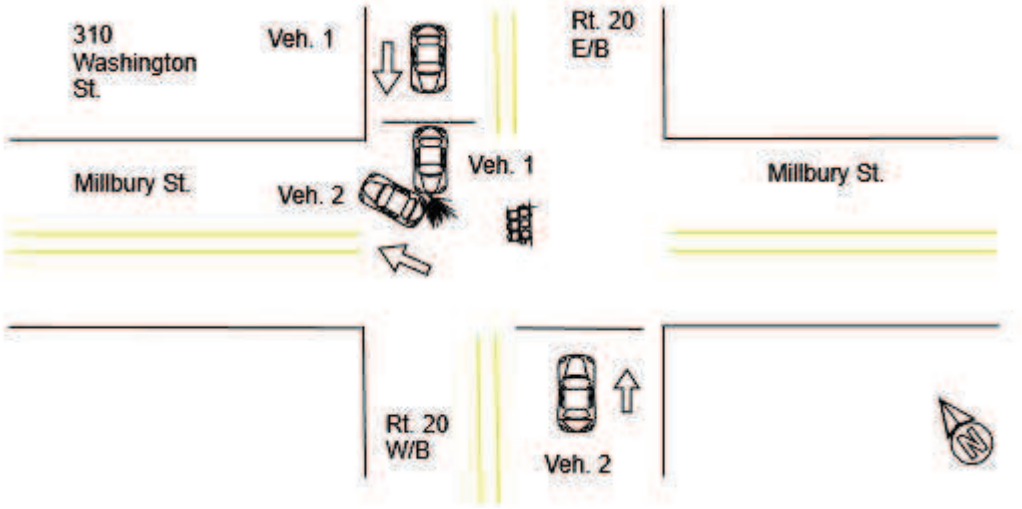
Towed from scene? 2

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	☒	☒	1	1	4	0	0	10	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:

Vehicle one was traveling west bound on Rt. 20 (public way). Vehicle two was traveling east bound on Rt. 20, waiting to turn left onto Millbury St to travel north. Vehicle two believed they had enough space to turn, vehicle two made its turn failing to yield. As a result vehicle one struck vehicle two. Both vehicle were able to drive on their own. Both operators declined any medical attention.

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 Stephen Koopman		80SK	Auburn Police Department		10/29/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date