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
09/08/2026	1327 24HR	Auburn	2	0		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 | 567 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 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-346-AC

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

Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement

Operator RUSSELL, DONALD RICHARD (Last, First, Middle)

Address 173 WEST RD

City CANTERBURY State NH Zip 03224

Insurance Company PROGRESSIVE

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 # 5168552 Reg Type PAN Reg State NH

Veh Year 2014 Veh Make CHEVROLET Veh Config. 8

Owner RUSSELL, DONALD RICHARD (Last, First, Middle)

Address 173 WEST RD

City CANTERBURY State NH Zip 03224

Vehicle Action Prior to Crash 8

Event Sequence 1 — 23 23 23 23

Most Harmful Event 1

Driver Contributing Code 1 — 25 25

Driver Distracted by 99 — 26 26

Damaged Area Code: 7 27 27 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? 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
Operator	See Above	[redacted]	[redacted]	1	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 0 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age

Sex Lic. Class Lic. Restrictions CDL Endorsement

Operator Driverless M.V. (Last, First, Middle)

Address

City State Zip

Insurance Company THE STANDARD FIRE INSURAN

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 # 2DTR18 Reg Type PC Reg State MA

Veh Year 2022 Veh Make BMW Veh Config. 1

Owner LIVANOS, GREGORY (Last, First, Middle)

Address 4 COACHMAN RIDGE RD

City SHREWSBURY State MA Zip 01545-1562

Vehicle Action Prior to Crash 11

Event Sequence 1 — 23 23 23 23

Most Harmful Event 1

Driver Contributing Code 1 — 25 25

Driver Distracted by 0 — 26 26

Damaged Area Code: 5 27 6 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

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

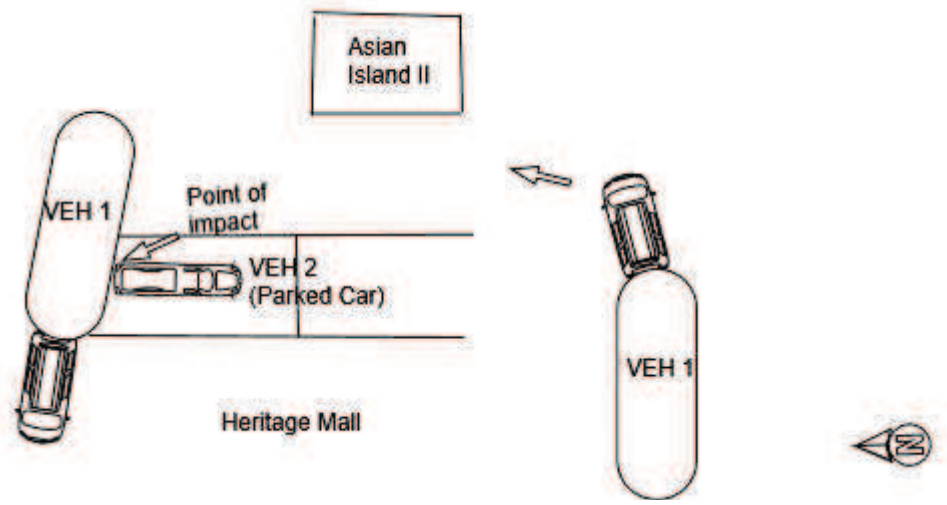
Towed from scene? 2 33

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
Operator/Occupants	See Above	[redacted]	[redacted]	1	0	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[illegible] Arrow

Crash Narrative:

Vehicle 1 entered the Heritage Mall parking lot (Public has right of access from Southbridge St in the town of Auburn) traveling Eastbound. Vehicle 2 was parked in a parking spot with no occupants facing South at the Heritage Mall. As Vehicle 1 attempted to turn around to travel Westbound, Vehicle 1's trailer struck the rear end of Vehicle 2. No injuries and no vehicles towed from 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 Nathan Lewos		103NL	Auburn Police Department		09/08/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date