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
08/15/2026	1117 (24HR)	Auburn	2	0	10			Local Police

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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 | Address # | Name of Roadway/Street: 434A | SOUTHBRIDGE ST

_____ 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 — 0 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-316-AC

Vehicle 1

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____

Operator Driverless M.V. (Last First Middle)

Address _____

City _____ State _____ Zip _____

Insurance Company MOTOR CLUB INSURANCE COMP

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 # 5RTG53 Reg Type PC Reg State MA

Veh Year 2015 Veh Make AUDI Veh Config. 1 (21)

Owner SOUCY, LYNN JEAN (Last First Middle)

Address 46 LYMAN ST

City WORCESTER State MA Zip 01603-1924

Vehicle Action Prior to Crash 11 (22)

Event Sequence 1 23 23 23 23

Most Harmful Event 1 (24)

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 1 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? 1 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		4	3	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 # [redacted] St [redacted] DOB/Age [redacted]

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement _____

Operator CONNOR, RYAN F (Last First Middle)

Address 9 CARLETON RD

City ROCHDALE State MA Zip 01542-1143

Insurance Company OLD REPUBLIC INSURANCE CO

Vehicle Travel Direction: [N X 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 # Z20417 Reg Type CO Reg State MA

Veh Year 2026 Veh Make Truck Veh Config. 97 (21)

Owner AMAZON LOGISTICS INC (Last First Middle)

Address 410 TERRY N AVE

City SEATTLE State WA Zip 98109-5210

Vehicle Action Prior to Crash 3 (22)

Event Sequence 2 23 23 23 23

Most Harmful Event 2 (24)

Driver Contributing Code 1 25 25

Driver Distracted by 99 26 26

Damaged Area Code: 3 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

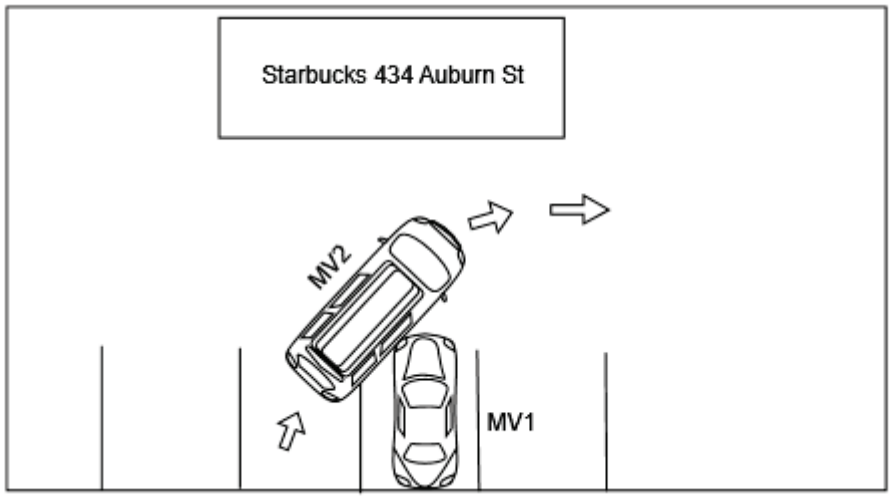
Please fill out for operator and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	[redacted]	[redacted]	1	99	99	0	0	10	1	

Form No. 10364 CRA-65 08/23

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



"Not to scale"

N

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:

Motor vehicle number 1 was parked and not occupied in the starbucks parking lot. Motor vehicle number 2 was parked directly next to it on the left side. Motor vehicle number 2 was a amazon delivery vehicle. From what officers could observe due to no camera footage the amazon delivery vehicle pulled out of a parking space. The vehicle took the turn to tight and swiped motor vehicle number 1's front end removing the bumper. Motor vehicle number one suffered a removed bumper, broken headlight, and damaged fender. Motor vehicle number 1 was towed from the scene by Direnzo Towing.

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 Arek P Gasiorski		96AG	Auburn Police Department		08/15/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date