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
07/12/2026	1154 (24HR)	Auburn	2	0

Speed Limit 30 | Latitude | Longitude

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

AT INTERSECTION

Route# | Direction | Name of Roadway/Street: SWANSON RD

At

Route# | Direction | Name of Intersecting Roadway/Street: VINE 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 — #Occupants: 4 | ☐ Hit/Run | ☐ Moped | Crash Report ID#: 26-262-AC

License # [redacted] St [redacted] DOB/Age [redacted] Sex: M Lic. Class: D Lic. Restrictions: | CDL Endorsement

Operator: WILLIAMS, NASSIR JALEN (Last, First, Middle)

Address: 127 STERLING ST APT 1

City: WORCESTER State: MA Zip: 01610-2021

Insurance Company: PROGRESSIVE DIRECT INSURA

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 # 5ZRL11 Reg Type: PAN Reg State: MA

Veh Year: 2018 Veh Make: NISSAN Veh Config: 1

Owner: WHITE, REGINA M (Last, First, Middle)

Address: 127 STERLING ST APT 1

City: WORCESTER State: MA Zip: 01610-2021

Vehicle Action Prior to Crash: 4

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 5 6 4

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene: 1

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	
BRIANNA NAPOLI	111 COUNTRY CLUB BLVD WORCESTER, MA 01601	[redacted]	F	3	1	4	0	0	10	1	
[redacted]	[redacted]	[redacted]	F	6	4	4	0	0	10	1	
[redacted]	[redacted]	[redacted]	F	4	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — #Occupants: 1 | ☐ 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: unknown, UNKNOWN (Last, First, Middle)

Address: 0 UNKNOWN

City: WORCESTER State: MA Zip: 01607-1334

Insurance Company: THE COMMERCE INSURANCE CO

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 # 6YXL44 Reg Type: PAN Reg State: MA

Veh Year: 2008 Veh Make: LINCOLN Veh Config: 1

Owner: GRZYB, KELI JANE (Last, First, Middle)

Address: 43 SLATER ST

City: WEBSTER State: MA Zip: 01570-2334

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 19

Driver Distracted by: 0

Damaged Area Code: 1 27 27 27

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 99 Susp. Drug: 99

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	99	99	99	99	99	99	

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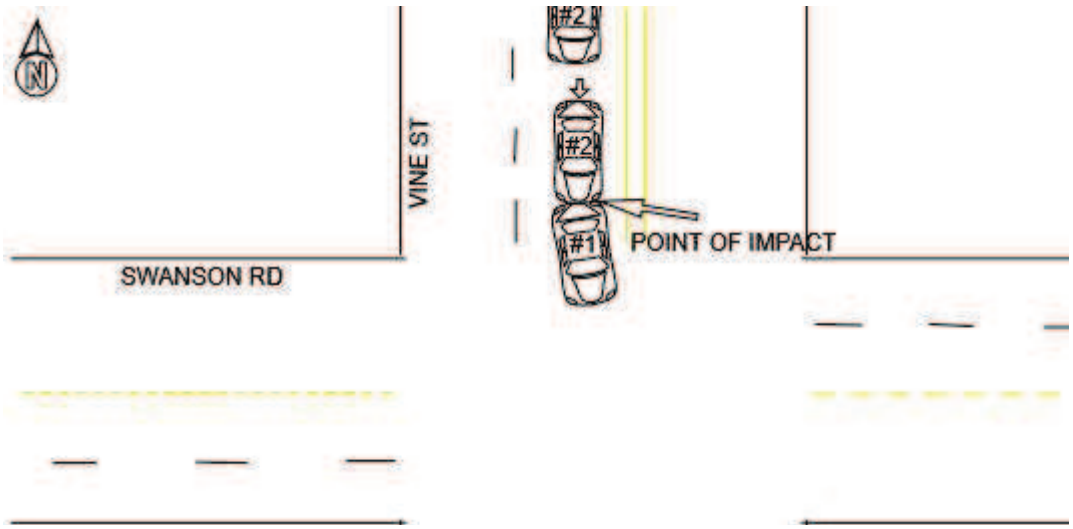
= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

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[illegible] Arrow

Crash Narrative:

V#1 WAS TURNING LEFT FROM VINE STREET ONTO SWANSON ROAD. BOTH ARE PUBLIC WAYS IN THE TOWN OF AUBURN. THEY WERE WAITING TO SAFELY TURN WHEN V#2 CAME UP FROM BEHIND AND REAR ENDED THE BACK OF V#1. THE OPERATOR (WHO IS UNKNOWN) DROVE AWAY FROM THE CRASH AND V#2 WAS NEVER LOCATED. THE FRONT LICENSE PLATE OF V#2 WAS LEFT BEHIND AND THAT IS HOW WE WERE ABLE TO IDENTIFY THE CAR INVOLVED THAT FLED THE SCENE. V#1 WAS TOWED FROM THE SCENE AND THERE WERE NO INJURIES TO REPORT.

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		07/12/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date