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	
08/25/2026	0748 (24HR)	AUBURN	2	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 1 — Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
2 1 — Route# | Direction | Name of Intersecting Roadway/Street

10 2 — Route# | Direction | Address # | Name of Roadway/Street: — | — | 441 | ROCHDALE ST
Feet [N S E W] of — — — • — or — (Mile Marker | Exit Number)
11 3 — Feet [N S E W] of Route# WEST ST (Intersecting Roadway/Street)
Feet [N S E W] of Landmark

3 — Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 26-331-AC

Vehicle 1

License # [redacted] St [redacted] DOB/Age [redacted]
Sex M Lic. Class D (19/19) Lic. Restrictions 1 (20) CDL Endorsement
Operator DERRY, JOSEPH ANDREW (Last | First | Middle)
4 2 — Address 85 NEW SPENCER RD
City CHARLTON State MA Zip 01507-1280
Insurance Company IMPERIUM INSURANCE COMPAN
5 1 — Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2
Citation # (If Issued) —
6 1 — Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub —
Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —

Reg # W70879 Reg Type CO Reg State MA
12 1 — Veh Year 2022 Veh Make TOYOTA Veh Config. 2 (21)
Owner ENERGY NORTH INC (Last | First | Middle)
Address 2 INTERNATIONAL WAY
City LAWRENCE State MA Zip 01843-1064
Vehicle Action Prior to Crash 1 (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: 2 (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)
13 1 — 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	99	4	0	0	10	1	

7 3 — 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 B (20) CDL Endorsement
Operator ATTAFAH, JOHN (Last | First | Middle)
8 2 — Address 19 ACKLEY DR
City ROCHDALE State MA Zip 01542-1018
Insurance Company THE STANDARD FIRE INSURAN
Vehicle Travel Direction: ☐ N ☐ S ☐ E ☒ W Responding to Emergency? 2
9 2 — Citation # (If Issued) —
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub —
Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —

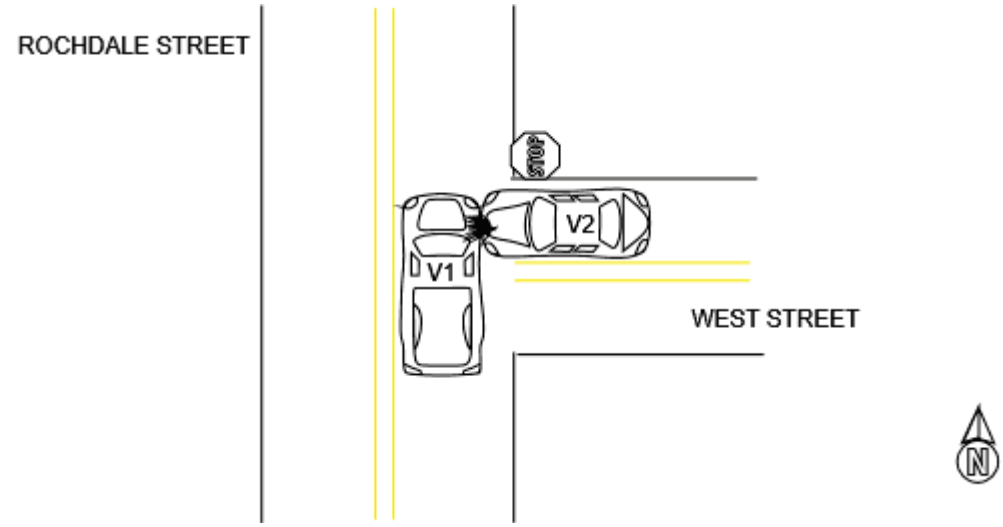
Reg # 5RPJ13 Reg Type PAN Reg State MA
Veh Year 2019 Veh Make TOYOTA Veh Config. 2 (21)
Owner ATTAFAH, BRIANNA ABOAGYENAA (Last | First | Middle)
Address 19 ACKLEY DR
City ROCHDALE State MA Zip 01542-1018
Vehicle Action Prior to Crash 3 (22)
Event Sequence 1 (23) 23 23 23
Most Harmful Event 1 (24)
Driver Contributing Code 4 (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)
14 1 — 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/Occupants	See Above	[redacted]	[redacted]	1	99	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 was traveling North on Rochdale Street straight ahead with the right of way. while Vehicle 2 was traveling West on West Street and stopped at the stop sign. V2 then failed to yield to oncoming traffic and attempted to take a right turn onto Rochdale Street, hitting V1.

After speaking with the operator of V1, he stated that he was traveling straight ahead when V2 pulled into his lane of travel, causing the collision. After speaking with the operator of V2, he stated that he stopped at the stop sign, pulled into the roadway to attemp to make a right turn, and was hit by V1.

V1's front right and V2's whole front end were damaged. Both vehicles were towed by Direnzo's.

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 Carrie Girardin		102CG	Auburn Police Department		08/25/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date